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Thinking for Ourselves

Canadians have plenty to think about these days. Never before have we been confronted with a task comparable to that which we are now called upon to undertake, and yet we are tackling it steadily and quietly in true British style. Furthermore, the pressure of world events has driven us back upon our own resources and we are compelled to think for ourselves and to act upon our own initiative.

Nurses, as citizens, are keenly aware that our country is open to attack and that we must be prepared to render emergency service at home as well as abroad. Energetic measures are now being taken by the civil and military authorities in connection with civilian protection and air raid precautions. The Canadian Nurses Association is actively co-operating and has already formulated guiding policies regarding relationships with the Canadian Red Cross Society and the St. John Ambulance. As a result of this intelligent planning and direction, the members of the nine Provincial Associations of Registered Nurses will be assigned to work for which they are prepared both by training and experience.

This prompt and willing co-operation has had an excellent effect upon public opinion. Nurses are being invited to consult on equal terms with other leaders in the community and, over the radio, and in the press, are being heard with respect. As we work side by side with men and women drawn from other walks of life, they are getting to know us better. They are beginning to understand why we are struggling to attain better educational standards and more reasonable working conditions. They are coming to see that we are not trying to be "half-baked doctors" but only to become thoroughly competent nurses, fit to serve our country in peace and in war.

If only we have the wit to seize it, here is our opportunity to enlist public

sympathy and support for nursing and nursing education. It will be less easy to ridicule higher education for nurses when the women who are its advocates are demonstrating their capacity for leadership in a national emergency. There will be less misunderstanding and friction between professional and non-professional workers when each group acquires a healthy respect for the other's skill. A lot of silly prejudices will be forgotten when we buckle down to the job together, provided we retain a saving sense of humour.

Our willingness to render disciplined service has always been taken for granted and we should be proud of it. But in this war, obedience and devotion are not enough. We must be able and willing to think for ourselves.

Among the Maoris

DOROTHEA SHIELDS

When plans with a public health nurse were finally completed for my year's exchange in New Zealand, there was great speculation as to the different conditions which I would find. I knew there was a native race called "Maoris" but of their ways and customs I was quite ignorant. When I arrived in New Zealand and had my first interview with one of my superior officers, he attempted to tell me of the Maori people and frequently mentioned such words as "Pa" "P a k e h a" and "Whares", words with which I was quite unfamiliar, making it most difficult for me to follow the conversation. I was soon to learn that "Pa" meant "native settlement", "Pakeha" the Maori word for "European", and "Whare", "native house". New Zealand has wisely adopted many Maori names for its towns and cities, lovely musical names such as "Ngaruawahia", "Te Awamutu", "Taumarunui", and "Waikaremoana". I became somewhat suspicious of my ability to master this foreign language but was assured I would have no difficulty if I remembered that the "wh" was sounded as 'f', and the "g" was silent. Each letter is pronounced and each syllable ends in a vowel. I proceeded to make this my nightly homework but soon realized that my accent was far from perfect.

The New Zealand Health Department has made great strides in its health teaching among the natives and have public health nurses stationed all over the country, doing native health work and carrying out a very full and comprehensive program. This includes Maori hygiene; preventive health measures; public health education; school health. Maori hygiene consists of (a) routine visits to "Pas"; (b) bedside care in specified cases and teaching of bedside care; (c) attending confinements and giving post-natal care. Preventive health measures include (a) ante-natal instruction; (b) infant welfare, weighing infants and advice regarding diet; (c) watching tuberculosis contacts and organizing attendance at routine examination; (d) inoculation of contacts for infectious diseases (especially typhoid).

Public health education provides for the follow-up of tuberculosis cases and

the attendance of the nurse at all large Maori gatherings. The school health program covers (a) monthly examination of all children for skin diseases, pediculosis, etc.; (b) a yearly check of specified classes by the Medical Health Officer; (c) routine yearly inoculation against typhoid; (d) frequent lectures by the nurse on personal hygiene, control of communicable diseases and home nursing.

I was particularly fortunate in having the unique experience of relieving the health nurse in a Maori district and en route to my destination I met many of the district workers. One girl in particular was a native Maori trained nurse who was doing a special piece of work in the control of tuberculosis. Her territory covered some sixty miles in which she was responsible for fifty-nine cases of active tuberculosis and the supervision of 383 contacts.

A great number of these people live in very crowded unsanitary conditions, large families often living in one room where the segregation of a tuberculous case is impossible. Sanatorium care is only obtainable for extreme cases; therefore in 1938 huts were introduced. In these huts, which consist of a small room with a fireplace and adequate window space, the patient with a positive sputum can be isolated from the other members of the family. At present there are twenty-four of these huts in use in this district. The nurse visits all necessary cases once weekly and gives instruction in preventive care to both the patient and the other members of the family. The doctor visits the district monthly to examine special cases.

I was given the opportunity of spending some time in the district with the regular workers. The variety and fascination of a district health nurse's work here can easily be understood if we accompany her on her rounds. By 8 a.m. bags are packed and placed in the back of the car which is really a travelling dispensary; and oil and petrol checked for we are going many miles from civilization and service stations. Then off into the mist rising from the slow-flowing river, the sun promising a hot, clear, summer day. We start with a visit to the local hospital where the nurse goes to see a sick Maori woman; the nurse is going to the woman's home later and will be plied with questions. Five minutes delay, but it means so much to the patient and her relatives and the nurse will be repaid a thousandfold in affection and confidence. Back into the car and on over the long hilly roads with views of the coast and valley and salutes from school children, road workers, and drovers.

After an hour's drive we round a corner and come upon a roadside tent, our first call. A shrill voice calls "Nurse is here", scuttle, and three brown naked bodies disappear into the tent; subsequently three brown laughing faces peer at us from behind their mothers' skirts. "Good morning nurse, come inside", and the day's work begins in earnest. First a baby to be weighed and his weight charted in the baby book, the mother noting with pride that the weight is correct, the significance of which she has been taught. Questions are asked and answered regarding the baby's and children's diet and general health and praise given for a well-kept and tidy tent.

Maori women often have to carry water a quarter of a mile or more and yet continue to keep their houses clean. For some, of course, the struggle is too great, as can be seen from the next house, a pitiful "whare" of strips of corrugated iron and sacking, a mud floor, a few unhealthy looking hens and

pigs scavenging around the door, but with it all the courtesy inherent in the Maori race, so once more the familiar, "Come inside". Inside, the district nurse sighs, it seems so utterly hopeless; she has tried over and over again to persuade the occupant to apply to the Native Department for a house, but he belongs to an older generation, proud and suspicious of modern methods. This time, however, she has been successful. "The Boss", with spectacles on his nose, is poring over some papers and asks the nurse to explain them; they are his application forms for a new house. Together they fill them in, the nurse, fearful lest he should change his mind, undertakes to post the precious documents. She is happy; she forgets the twenty or thirty houses equally dilapidated; even the fact that the next door baby is not gaining and is being wrongly fed fails to depress her.

The author and a Maori friend.

Next a visit to a native school of 100 pupils where we are greeted with a Maori song of welcome. All children, with ailments noticed by the teachers, are examined by the nurse and the whole school is inspected for skin conditions. Then the senior pupils are taken for a lesson in home nursing. No equipment is used that cannot be found in the average Maori house, the aim being to teach so that the knowledge may be applied in their homes, long after they have left school. They are very apt pupils and thoroughly enjoy the lesson. Both boys and girls attend, as Maori men take as much part in nursing as do the women.

Then an ante-natal case to be seen. This is a very important part of the work. The district nurse knows the maternal mortality among Maoris is far too high and is doing her best to persuade mothers to be confined in hospitals. She makes several visits to each case and if any abnormality is noticed, sees that medical attention is sought. Back to the car, a few more houses to be visited before the day's work is finally ended.

Journeying on to my own allotted district, I passed through some very beautiful parts of the east coast of New Zealand, finally reaching my destination to learn that my district extended for about sixty miles along the beautiful east coast. Aside from a handful of "Pakeha" scattered over the country side, my contacts were to be entirely Maori. The nearest town was four miles away and consisted of a hotel, post office and store, all operated by the same Maori family, and a nearby hall, which on Saturday nights was converted into a picture theatre. This is known as decidedly "back block" district and is eighty miles from the nearest railway. Therefore all this district

is accessible only by motor service bus. Forty miles away was my nearest doctor; in cases of dire necessity he might be summoned.

A relieving nurse is not expected to carry out routine work but merely to attend to emergencies and be on call when needed. However, I was responsible for advice during any illness to 900 Maoris. As elsewhere, nurses are not supposed to diagnose, but here, I fear, one had to be a specialist in all lines of medicine and know what treatment to administer. Complete dispensaries are carried in the back of the car. It is remarkable how adept these nurses who work in outlying districts become. Accustomed to doing public health work with a doctor always within easy call of the telephone, my first few days were somewhat of a nightmare and my heart fairly stopped beating whenever the telephone rang, but I soon discovered that the Maoris were a very sturdy race and small repeated doses of milk of magnesia would cure the majority of inward complaints and a little ointment to rub on gave miraculous results for all outward troubles.

My living quarters were four miles in the country and had been provided for the nurse by the Maoris of the district. The older generation of natives do not approve of cooking in the same house in which they live, so I found myself in possession of two houses. In one building was my bedroom and living room, and about ten feet in the rear was a similar building consisting of dining room and kitchen and a combination dispensary and assistant's bedroom. A bathroom was tacked on at the rear, containing a tin bath. When I first arrived, during a dry spell, our storage tanks were very low and we got permission from the local hotel keeper to go to the hotel for our weekly scrub.

Transportation, ancient and modern.

Nurses assigned to these back block districts are supplied with a Maori girl who bears the title of assistant. I was particularly fortunate in having a young, pretty, vivacious native girl who had had two years of secondary school and therefore spoke English quite well. She did the housework, prepared the meals and completely serviced the motor car. Our petrol was supplied in forty-four gallon drums and oil also came in bulk. She was expert at changing tires and when there appeared to be a stoppage in the petrol flow, she went to work with the assurance of a skilled mechanic and knew exactly what to do. Her spare time was often spent greasing the car. She accompanied me on all calls and was my constant advisor and consoler, as for instance when one morning she asked me to write out a death certificate for an infant whom we had previously seen. I felt very much shocked and looked rather gloomy, but

my assistant said, "Never mind nurse, the baby was always a weakling. The mother has seven children (who all slept in one bed), she is already pregnant again", and as a last consoling remark, "and anyway, nurse, she is not married to that man."

The Maoris were most generous and we frequently arrived home after our day's outing with the back of the car filled with potatoes, fresh vegetables, rhubarb, lemons, crayfish, or snappers. The social side of life was not neglected and on Saturday nights we attended the local picture show and one evening I had the novel experience of attending a school concert and dance. At the picture show there were only hard benches for seats and if wise, one always carried a cushion. At the school concert, one was almost trampled on trying to get in, the reason being that there were a few chairs in front. To all entertainments the children accompany their parents and the baby is fed "ad lib" whilst the children run up and down chewing candy and peanuts. The women are heavy smokers, pulling their tobacco out from amongst the baby's napkins and rolling their own cigarettes. The men wear their hats during the entertainment, silence never reigns supreme, and when the heroine is kissed the whole audience screams. The concert program was long, and varied from their "Haki" "Poi" dances and action songs to their interpretation of "Snow White and the Seven Dwarfs" which looked very odd with their little brown faces and heads. The Maoris love action and the *pièce de resistance* was the cowboy plays and songs with a shooting scene which called for lights out: no easy matter when oil lamps had to be taken from their hooks and extinguished. Some of the bright lads at the back thought this a good time to start a fight. Immediately the audience rose in a body and yelled for lights, and until the chairman had the disturbers pushed outside, their attention was much divided between the program and the fight.

The concert finished at 11.30, then followed the dance on the floor which was a mess of mud, peanut shells, candy papers, cigarette butts and matches, but this in no way interfered with the nimble feet of the natives who danced the fox trot, paley glide and Lambeth walk with the greatest ease. I had a couple of whirls (as my assistant called them), and found the technique unusual, the dance being long and fast. Upon its completion, your partner snugly clasps his arm round your waist for a few steps and suddenly leaves you stranded to find your own way back to a bench.

The roads we travelled were narrow, high and winding, although I was assured that now they were wonderful. They told me that I should have been there a few years ago when you had to back up to get around a corner. One still has to drive through numerous streams (which have not yet been bridged), during which, if successful in getting through, your brakes are usually so wet that low gear has to be used for some time and when they are again useful you are due for another stream. This little inconvenience, plus driving on the left hand side of the road, makes travelling a very great hazard and I was indeed happy to find myself still in one piece when leaving that part of the country.

The Maoris are a particularly carefree, humourous race of people, greatly appreciating any little service that is done for them, and I can look back upon my experience of working among them as the most interesting and happiest time of my year spent in New Zealand.

The Nursing Care of Burns

M. Scott Kelly

The patient, a Norwegian boy twenty years old, having a splendid physique and robust health, was burned when the gasoline engine of a fishing boat exploded. Emergency treatments of carron oil dressings and a large dose of whiskey were given and he was brought by plane to hospital within two hours of the accident. On admission, he was found to be burned from the hairline to the umbilicus — arms, hands, thoracic area, face, neck, ears, anteriorly and posteriorly. These appeared to be first and second degree burns, with third degree burns of the posterior thoracic area. Both patellae had first degree burns with an extensive burn of the right thigh and calf. The axillae and the palms of the hands were unburned. The hands were clenched. The eyebrows and eyelashes were completely removed and the eye-lids burned. The patient was in deep shock and the prognosis was poor.

The treatment during the shock included the following measures. Tannic acid (two percent) was sprayed over the total burned area while the usual treatment for shock was given—opiates, fluids, and heat. Fluid was given intravenously into the ankle veins, while heat was supplied by an electric body cradle. The nursing care at this stage consisted of taking the temperature by axilla, the pulse by the dorsalis pedis artery, and keeping the ears free from pressure. The hands were left clenched, as this made the chance of finger motility a degree more certain on recovery. He was turned side to side, three times in twenty-four hours, to give movement to the lungs and relieve pressure on the back, to which an ozonal dressing was applied. Boracic eye irrigations were given every three hours. Catheterization was done, the urine showing a plus two albumin. Apart from the turning, position was not stressed due to the general condition. Blood transfusions and heart stimulants were given. At this time, and for the following ten days, the patient was irrational for long periods.

Approximately ten days after admission the patient rallied considerably. Fluids were forced by mouth to the amount of 200 ounces in 24 hours. The voided urine varied from negative to plus one albumin. Daily saline enemas were given. The use of a frame to relieve all pressure was inadvisable at this stage so the patient was placed in a semi-Fowler position, air cushions were placed at his back, and the immobile arms and hands were placed on rubber pillows allowing freedom at the elbows and wrists.

The burned areas were beginning to shed the black tannic acid coating; at no time was this coating forced from the tissue as bleeding would occur, giving rise to infection. The freshly exposed areas of tissue began to form purulent crusts, to which two percent 'Dettol' compresses were applied. This desquamation occurred over a period of one month, leaving what appeared to be healed areas of tissue showing no evidence of pore formation. It is interesting to note that the pores of the unburned skin were now over-functioning.

Particular attention was given to the face and ears by the application of medicinal creams. The deeply burned tissue of the back began to show signs of deep ulceration and malformation of the shoulders. This was temporarily reme-

died by arranging a sling around the patient's buttocks and turning him completely on his face for six-hour periods. This newly increased pressure on the anterior suface unfortunately caused a rapid breaking down of tissue. Normal saline and 'Dettol' compresses were applied to clear the purulent condition and were completely changed every eight hours. Although at this time the patient had a fair appetite and on persuasion was taking nourishment well, he developed the symptoms of gastric ulcer—a condition known to occur in cases of burns. This arrested the turning treatment, and the former care of the back was given. A modified Sippy diet was commenced.

The compress treatment was carried on over a period of two months with no great improvement; the condition of the back was somewhat worse. Yet the patient's general condition gradually improved. The temperature range was 98 — 100.4, the pulse rate 80—84, and his mental outlook quite cheerful. However, pressure was retarding any local improvement. He was placed on a Bradford frame, with the space from the back of his head to the mid-line left exposed. The arms were held in position by pillow supports on both sides of the frame. This left the back accessible for treatment. A mild green soap solution was used to compress and cleanse the ulcerated areas of the back. Healing became evident, but the position became very enervating. A piece of canvas to fit over the Bradford frame was designed leaving a strip down the spine to the mid-line. An ointment dressing to fit this strip was applied to the back and changed once daily. The normal saline compresses were keeping the anterior surfaces free from crust formation, but it seemed impossible to prevent re-infection. Adding to the patient's discomfort, an intense itching sensation spread over the entire burned area. This could not be relieved locally because the slightest pressure caused a break-down of tissue, with re-infection. A light sedative alleviated the mental distress slightly but the patient was becoming despondent and, as his mental outlook had been a vital part of his progress, radical treatment was resorted to.

During the seventh month, and with much apprehension, the patient was placed in a bath of potassium permanganate, one part in ten thousand, for 15 minutes, increasing 5 minutes each day. A buttocks-sling was used to lower him into the bath. Following this, five percent scarlet red dressings were applied, and the patient was replaced on the frame. This treatment has been carried out for two weeks with great improvement, when he developed a condition tentatively diagnosed as herpes zoster, and ran a temperature of 104 degrees for four days. About ten days after the subsiding of the pyrexia, the baths were resumed. These baths not only healed up the tissue, but the buoyancy of the solution aided in bringing back movement of the arms and fingers which were gradually straightened. Two months after the commencement of the baths, the patient was walking about and was able to grasp a golf ball. His face, ears, and neck appearednormal to the average eye, although the rest of the injured area consisted of scar tissue. Exactly one year after admission, surgical treatment was used to stretch the back and arm tissues and muscles so as to give greater movement. This patient now leads a comparatively normal life and hopes in the near future to resume his former work.

A summary of the medical treatment and the laboratory findings may be of interest to the nurse:

1. Sulphanilamide was given during the first three months with no apparent effect.

2. A series of staphylococcus toxoid was apparently ineffectual. Cultures from the discharge showed only staphyloccus aureus. All blood cultures were sterile.

3. Throughout the illness the red cell and hemoglobin count ranged from 2,000,000 to 4,000,000 and 50% to 80% respectively. The total blood transfused was 2000 c.c.

4. Cod liver oil dressings were used in place of ozonal without much change in tissue healing.

5. Licorice powder was used effectually as a laxative, in the later months. Iron and brewer's yeast were given orally three times a day.

6. The very minimum of sedative was used throughout the whole illness.

A Free and Creative Spirit

W. C. GRAHAM

The assumption that nursing is a profession leads one to ask what it is which endows any particular type of occupation with that precise status? At first glance, one might be disposed to assume that the difference is due to a contrast in the attitude of society toward some types of occupation as compared with others. But when we look into the reason for such social attitudes we invariably find them based upon an accumulation of shrewd personal judgments passed upon individuals who follow a particular occupation. The public is always chary about passing favourable judgment in such cases. It insists that the possession of certain qualities must be proven. A classic example is the case of a newcomer in a certain New England town who asked a group of natives if there was a criminal lawyer in town. "Wal, stranger", said the dean of the group, after due pause for reflection, "we reckon there is, but we ain't been able to prove it yet".

What, then, are those peculiar and distinctive qualities in the individual which tend to raise the occupation he follows to the level of a profession, and the lack of which in him will, in spite of conventional social standards, tend to reduce his occupation to the level of a trade? In seeking the answer to that question we might do well to notice a trend which, in recent years, has been gaining considerable momentum in our universities. If we pull down any old dictionary and turn up the word "profession" we shall be reminded that not so many years ago it was customary to recognize only three learned professions—theology, law, and medicine. To scan the structure of any modern university is to realize at once how this roster has been expanded in recent years. To the traditional schools have been added engineering, commerce, education, home economics, music, art, agriculture, dentistry, nursing, architecture, social service administration, and others.

Now, I am well aware that some prominent educators are disposed to deplore this trend. Some, like President Hutchins of Chicago, go so far as to

assert that the effect of all this is anti-intellectual, and propose that the university ought to isolate itself from all professional schools. If you grant this group their premises, they can put up quite a good case. But I have often wondered if their point of view (and the obvious answer to it) is not summed up in the story of the fat man and the thin man, who bumped into each other violently in a narrow corridor. The fat man glared at the other and said: "From the looks of you, there's been a famine". Replied the thin man, with great spirit: "From the looks of you, you're the guy who caused it".

This multiplication of the professional groups seems to me to reflect an increasing disposition on the part of a growing number of intelligent people to look upon their occupation as an integral part of their whole personal life, rather than just as a way of making a living. The moment that point of view becomes dominant, a given occupation is no longer primarily a personal matter but assumes a social significance, in terms of service to be rendered to society as a whole. The motivation, in other words, becomes more altruistic and one no longer labours merely for sustenance or for profit. The things which may be procured with the economic fruits of one's labour pass from the centre of consciousness to the periphery. Gradually, the dominant interest in one's life becomes the occupation itself, not the material fruits of it. An occupation, then rises to the level of a profession when the chief motive in most of those who follow it ceases to be personal and becomes social.

When that happens, there is invariably a change in the quality of one's interest in his work. It ceases to become merely technical, that is to say, an interest in the command of skills, and becomes intellectual as well. Long ago, Plato said: "The examined life is the only life worth living". His words might be set down as an article in the creed of every true member of a profession. Such a person must not only know how and when to perform his duties—he must know some thing of why he performs them. According as his interest in the why of the thing grows, his tasks become both more absorbing and more significant. This being so, the second feature of a profession, as contrasted with a trade, is that he who follows it must profess knowledge about it, and not merely exercise skills in the doing of it.

That, of course, brings us very close to the very heart of all professional education, and now I should like to make more specific observations on that subject. In the first place, the very fact that a profession is rooted in a motive of public service has a tendency to promote an emphasis on professional skills and a neglect of more intellectual capacities in the educational preparation for the profession. This is particularly true of young and rising professions like your own, where the public need for practical service is immediate and great.

In that stage of the evolution of any profession, educational standards are inclined to be low, to be administered in a rather haphazard manner, and to be confined to the most necessary technical skills. To put it frankly, the tendency is to exploit the strength, willingness, and natural aptitudes of candidates for the profession. These tendencies may become all but vicious in a profession which is highly institutionalized and where the services which can be rendered by candidates constitute a serious factor in maintaining the economic structure of a non-profit service institution.

I am not so young that I cannot remember a time when exactly this situation existed in the ministry of the church in which I was ordained. Candidates

were required to give two years service in circuit ministrations at a low salary, and usually in laborious fields, before going to college. I remember that in my first year I was paid at the rate of $350 out of which I had to keep myself and provide and maintain a horse, harness and buggy. The candidates were placed under the direction of superintendents who were supposed to supervise their studies from a few prescribed texts on technical and practical subjects. But very often the study of even these texts was the last thing the superintendent cared about. His interest was primarily in the service to be rendered to the community, and not in the life and future usefulness of his young colleague. It was possible, after completing this period of service, to reach ordination by putting in three years (and sometimes less) at college, for very short academic terms. I can remember being advised by some senior ministers to take this short course. In giving this advice they were quite sincere, but they were motivated by concern for the immediate needs of the institution they served. They were not thinking of my own life with its potential capacities, nor had they any long view of the needs of their own profession.

The institutionalist tends, through his commendable zeal for the institution, to lose sight of the fact that the unit of reality in all institutions is the individual person who serves it. If this is lost sight of in any institution, the results might be described as a miniature totalitarian society, in which the balance between institutional authority and individual freedom to live and grow has been lost. Those who, like yourselves, know much about the body, realize how fundamental to the life and growth of any organism is the maintenance of balance between its various functioning parts. Just as the will cannot overrule the heart with impunity, so likewise in an institution, authority may not impose too heavy loads on the humblest individual without endangering the health of the whole corporate body. In shaping the educational activities of any profession, one should press steadily toward the strict observance of the principle that the service which a candidate may render during training is always subordinate in importance to the service he will render after his training is over.

Turning now from the service aspect of this matter to its more formal educational side, the first thing that should be mentioned is that all the dry bones of conventional general education are being stirred with a breath of new life. For some years there has been much discontent with established patterns in primary, secondary, and higher education. Important experiments are being attempted at many points on this continent. It would be interesting to consider the forces which lie behind this ferment. What it all amounts to is that life is moving on and that education must keep pace with it. Perhaps the chief underlying factor has been the amazing technological advances of the last thirty years. These have set in motion certain forces which have exposed the weak spots in our social order. The great war in which we are at this moment engaged is at bottom, a fight between those who think that the liberal way of life, toward which the whole world was travelling a few years ago, is an order which cannot cope with the new technology, and those who believe that it can.

What is going on in general education in the democratic societies these days is in reality an attempt to strike new educational patterns which will make this latter claim good. When the Reform Bill was passed in England a little over a century ago, one commentator remarked: "Now we must educate

our rulers". By that he meant the people. The effort to do this has been going on ever since, though not without a great many reservations. But there is nothing better calculated to give the lie to those deluded wish-thinkers, who claim that liberal democracy has lost its vitality, than what is going on to-day in secondary and higher education.

A broad survey of the educational picture shows two significant things. First of all, a determined effort is being made to re-orient secondary education, and to some extent higher education also, in a new direction. It is being demanded that these levels shall not be used nearly as much as they have in the past for the purpose of selecting and equipping the relatively few for highly specialized functions. It is being demanded that they shall be used for increasing the number of those qualified to be intelligent citizens of a democratic society, and for building up the personal resources of such. But it is also being demanded that this new type of education shall be of such a nature that it shall serve to open and not to close the doors to more highly specialized types of educational opportunity. That, in my judgment is the dominant trend in general education in these days. It is my own belief, first, that it cannot be resisted, and second, that it should not be resisted, because it fits exactly to the emerging social situation which has been precipitated by the amazing technology of our times. My second point, then, is that general education is due for such an overhauling as will extend it to higher levels and make it a suitable instrument for realizing more fully the democratic ideal of an intellectually strong and vigorous common people, any one of whom may have the opportunity for outstanding special service to society.

Having welcomed and sponsored this principle as the right thing for our age, there remains the duty of seeing to it that the potential values of this movement are not lost, either through the enthusiasms of faddists in educational method, or through the narrow zeal of specialists for their own specialty. There is here an opportunity for those who are interested in professional education to play once again a strategic and constructive part in re-shaping the patterns of general education. That, let me remind you, is an opportunity which most of the modern professional groups have never enjoyed before. When the new professions came into existence, there was a long standing and traditional pattern of general education which, in Canada at least, has held its ground with great tenacity. Here and there, especially in what my colleague Professor Phelps calls "Usonia", the assaults of professionals and specialists did have more effect. But they only served to disrupt the old pattern. They resulted in making general education a disintegrating, instead of an integrating, force. That was not all their fault, because the traditionalists were never willing to open the whole question and to invite co-operative study and effort.

Just now, it looks as if the chance to do that is about to come; the whole question of general education is in the melting pot, and nothing is more important than that specialists and professionals should adopt the right attitude when it does come. What is the right attitude? Perhaps I can best suggest my view of it by describing what I think would be the wrong attitude. I am myself both an academic specialist and a professional. But if I were to use this opportunity to seek to promote my own specialty, or the interests of my own profession, I would be doing my bit to transform what ought to be a great co-operative effort into a battle between warring academic interests. And let me

say that no interests can be more bitter and unscrupulous in a knock-down and drag-out fight with each other, than academic interests.

Let me suggest that the state of our world, yes, and even the state of our own society, is one which calls for a new synthesis in general education which will make of it an instrument that will integrate individual personality and so reintegrate our democratic society. What we need is a general education which will make our youth more conscious of that widespread human heritage of knowledge and wisdom which the constructive minds of the race have built up, in spite of all that the nihilists (who are the minions of chaos) could do to hinder them. Now, as never before, the glory and the eternal worth of the free and creative spirit must be brought home to the men and women of tomorrow. Upon their strong young minds must be squarely placed the burden of that hope which our own saddened hearts cherish for the new world which, by the grace of God, working through our sacrificial faith, will surely arise in the days to come.

We who are specialists and professionals must face and cope with certain realities which will emerge out of the new general education, should it develop in the direction I have suggested. The candidates who come through directly from it to the professional schools will have had much less opportunity for detailed study of some technical subjects than they theoretically may have now. Take, for exmple, a student who is going on directly without further university work to a profession, like your own, which lies on the side of the natural sciences. Such a student, if our general education is well done, will be much more intelligent about science as a whole, about its spirit, its methods, its great aspects of human knowledge and effort. She will have a much greater intellec_ual interest in science and a much more highly developed sense of the social significance of her calling. But, beyond a thorough grounding in some basic subject like mathematics, she will have little detailed knowledge of individual fields of science, and practically no laboratory practice. That being so, the schools of nursing will either have to take on this job themselves, or send her on to the university for specialization in science.

Now while the latter course would be ideal it would not at present be entirely practical. Doubtless the proposal that nursing schools should undertake this detailed training in science will cause some misgiving; the equipping and maintaining of laboratories is an expensive business. Moreover, the effective detail teaching of science, at any level, is properly work for a specialist. To put such a burden on non-profit service institutions like hospitals would be unjust. Nevertheless, a public which has been relieved of the burden of providing expensive equipment and teaching all across the level of general education might be more willing, either voluntarily or by taxation, to provide generously both equipment and instruction in the fewer centres where it would be necessary for professional purposes.

Another reality which would have to be faced by professional schools would be the necessity of developing, from experienced and practising members of the profession, a teaching personnel, and of setting them sufficiently free from other duties so that professional teaching would be certain to be as efficient as the teaching given in general education, and so that professional teachers might become scholars and researchers and not as sometimes happens, routine pedlars of information and skills.

Teaching is an art, and not a sideline. It is true that it can always be better done by one who knows his subject, either through practice, or through research, or through both. But it can never be crowded into a subordinate place in the teacher's life without injustice to his students; from the point of view of the future of any profession, that is a dangerous practice. To my way of thinking, there is no part of education which is of more immediate and practical importance to the public than professional education. Into the hands of the members of the great service professions we commit, in large part, our health, our safety, our comfort and convenience, our business affairs, the administration of our institutions, and the shaping of our social psychology.

It is my hope and belief that out of the educational ferment of these times, through a shift in emphasis and a revision of functions in general education, there may dawn a new and better day for professional and specialist education of all kinds. To bring this about will call for tolerance, patience, vision and magnanimity on the part of all who have the welfare of society at heart. If these virtues are not to be found among the educated, in a liberal and democratic society, then our young men are fighting for something that is not worth saving. They are fighting for freedom. But what is this freedom? Is it not the freedom to grow, and to be unafraid of change which eventuates from growth? The service they render so fearlessly is their confession of faith that the sap of growth still pulsates through the whole tree of democracy.

Gadgets

MAUD ZUFELT

Very few people in the ordinary walks of life know just what "gadgets" mean to the chronically-ill patient, crippled with arthritis or some other disabling disease, and unable to move his limbs sufficiently to do the little things which most of us want to do for ourselves. After many years of suffering, and inability to move those agonizing joints, a little ray of hope enters. He finds, although he cannot use his hands as he did before his illness, that he can still "move them just a bit." If the pain becomes less severe, it does not take long for a fertile brain to invent the little gadgets which are worth so much to the patient, although of small importance to people who do not need them.

Necessity is the mother of invention, so we have evolved a most efficient long-handled cutting-edged fork and a spoon, which allows some one who would rather be independent to feed himself. Without these, a nurse would most surely be called upon for help. Imagine anyone thinking of attaching a long smooth stick or a fly-swatter handle to a toothbrush with strips of adhesive tape, and then struggling along with a cramped movement and really getting their teeth clean. And, at the same time feeling (which is much more

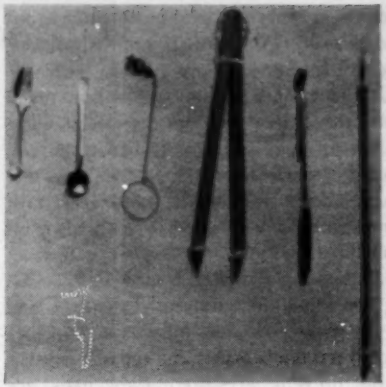
important), "I am accomplishing something for myself."

I really believe the long-handled Chinese back-scratcher was made for the chronic patient. It is really a marvellous invention! It rakes articles out of dresser drawers to within reach of practically immovable hands. It is incomparable to push the bedclothes away and rake them back again — not an easy task, but it can be done! It can be used to turn pages, and do so many little tasks which contribute to the mental happiness and satisfaction of the helpless patient. Last, but not least, it is the acme of perfection to do the job for which it is so named.

A long smooth stick, smaller at one end and rounded off, and measured to be the correct length for the patient who uses it, is just fine with a washcloth draped over it for washing the face and neck and getting behind the ears. It will brush away a stray hair or even wipe an itchy nose. This truly is a gadget not to be underestimated; who wouldn't wash his own face if at all possible? A comfort and an independence which no one would have taken away.

Have you ever seen a cigarette holder made of two strands of fairly thick pliable wire, twisted neatly together in such a mnner that a loop is left at one end to allow for grasping? On the other end a meuller snap is attached with a screw in which the cigarette is inserted. This gadget is used by a patient who is unable to lift his hnds to his face.

One of our ingenious patients has invented many useful gadgets, among which is a packing maker and a very handy "four-by-four" folder. Both prove to be great time-savers. The packing maker is of particular interest, and quite a clever device. A gauze bandage is first wound on a roller then guided through wire shapes and guides until finally by gentle pulling it comes out



Cutting-edge fork, long handled spoon, cigarette holder, nose wiper, long handled toothbrush, long handled button hook.

folded four times ready to roll up for sterilizing. Seeing the four-by-four folder for the first time, one might mistake it for an electric toaster, but on inspection we find there are eight separate folders, which are controlled by hinges. These, when pressed, fold the gauze into the neatest little four-by-four dressing you ever saw! This is quite an improvement on the first one made by the inventor, which did not complete the dressing but left most of it to be folded by hand.

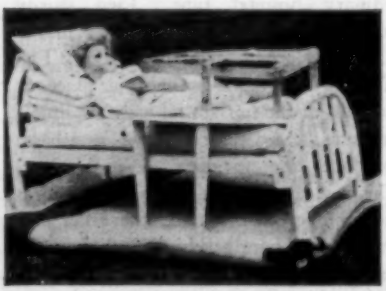
A reading rack has been designed especially for a patient unable to use the ordinary hospital type. Two sturdy pieces of wire, soldered together in the shape of a cross, form this gadget. The paper or magazine is held in place at the ends of the horizontal piece by mueller snaps, and a flatiron serves as a base. Someone else invented a nose-wiper. This is a contrivance made of two long sticks hinged at one end; the other end grasps the handkerchief and can be manipulated up to the nose.

An old-fashioned button hook came to life, attached to a handle eighteen

inches in length, not to button shoes, but to do no less than tighten shoelaces, which are then ready for the nurse to tie. This gadget is always within reach and serves nicely to pull the electric light chain off and on, and to lift up parcels by the string. It is indispensable to one patient who uses it and who does most beautiful petit-point work with his crippled hands.

Pillows and pads are indispensable requisites for the crippled patient. These vary greatly in size and shape, some being very firm to give the support needed and prevent pressure. Tiny pads are placed in clenched arthritic hands to keep the surfaces apart. Flat pads are very useful in spastic paralysis; for example, in the axillae or the bend of the elbow to prevent excoriation, or thicker ones between the knees and ankles to keep them apart. Baby pillows are used extensively to ease stiffened necks and arms. Often, when other pillows and pads fail to ease painful parts, these prove most effective.

A severe case of arthritis deformans has invented a special extension on the bed for her badly deformed right limb, which is outstretched nearly horizontally from her knee. Many pads and pillows give her support and ease — some being very firm to act as blocks to prevent others from slipping. The accompanying illustration demonstrates, in miniature,



Bed extension and cradle.

Wheel chair designed by patient.

the principle of this ingenious device. The stiffened "leg" of the doll lies across the doll bed, showing how the odd-shaped cradle prevents pressure from the bed clothes.

A badly deformed, arthritic patient has designed a most interesting chair for himself. Having only slight use of one arm, his greatest problem was to work out some arrangement whereby he could move and direct his chair with one hand. The motive power is supplied by a bicycle chain, running from a large sprocket attached to the wheel to a small sprocket fastened to the arm of the chair. Both sides are the same. Across the chair, between the two arm sprockets, a detachable drive shaft is secured after the patient is in position. On this shaft are three levers and when the middle lever is worked back and forth the chains on each wheel exert equal pressure, thereby propelling the chair in a straight line. Should he desire to turn right or left he uses one or the other of the other two levers, depending on the direction he wishes to go. These levers, when worked back and forth, exert pressure on only one wheel at a time. Therefore, as one would use

the oars on a boat, our patient by pulling one lever or the other can turn to right or left.

Another helpless patient, suffering from arthritis, conceived the idea of controlling his radio by pulleys made of ordinary window cord and weights, at a distance of three feet from his bed. He is able to get his station, control the volume, and turn the electricity on and off by means of the cords which are held in place by weights, and suspended across his bed from the radio. All the nurse must do is to place the cords in the patient's hands and allow the weights attached to them to drop and hang down on the other side of the bed. These weights merely give the patient a little assistance and thereby help almost immovable hands do something to make their owner happier.

Shall we pay tribute to these people who go on from day to day with no hope for recovery, no brightness for the future, but who have the courage to live and be happy? I think we should.

Echoes from the I.C.N.

The President of the International Council of Nurses, Miss Effie J. Taylor, has kindly allowed the *Journal* to publish excerpts from letters which she has received from nurses living in countries which hold membership in the I. C.N. The first of these was writen from London by Mrs. Bedford Fenwick, Founder and Honourary President of the I.C.N., and president of the National Council of Nurses of Great Britain:

Thank you for your friendly message from the Board of Directors of the American Nurses Association. It is indeed satisfactory to know that there is an ample surplus to invest and to maintain the solvency of the International Council of Nurses during this time of financial disturbance. The communication inviting investigation for the present construction of a curriculum for graduate nurses must, I fear, stand over for the present, as we have no time nor money to make such an investigation in Great Britain. Every hour is of value to the nurses in this country in helping to defeat the horrors of rapacious annexation of defenceless countries by lawless and tyrannical dictators, and as our country is practically alone in the struggle for humanity, we must place the consideration of professional matters aside until rapine and murder have ceased to devastate our beautiful world.

The next message comes from the President of the Norwegian Nurses Association, Miss Bertha Helgestad:

Your wire did me — and all of us — a world of good. It was of a greater moral and spiritual help than you ever can imagine and we will keep your message as a treasure. It has been a hard time, but somehow, each day is born anew and we live in and on the hope that things will right themselves in time. The Norwegians, inclusive of all classes, have had a very high life standard: culturally, socially, and economically. I dare say that as a nation we had become a little too smug, comfort and pleasure loving, and therefore had to have our loss. But most lessons are hard and bitter as wormwood.

I seem to have lost my sense of time completely. It seems impossible that it is a few months since we were together in the International Council meetings. I shall never

forget your delightful person and personality — and how pleased we all were to have you for our President.

There have been all sorts of idiotic rumors about us having no food, no medicines, no medical appliances and so on ad infinitum. This is absolutely not true. So far we have had plenty of good food and all we need. The country was well supplied, thanks to our merchant fleet, before the war broke out. In July 1939, I became Matron of the Norwegian University Hospital — about 1200 beds and a staff of 800 persons, and even in this rather large and exacting administration, I have not experienced any difficulty in getting what I want.

The war, of course, has made a terrible havoc in large areas of the country, and building it up again will cost a tremendous lot of money, not to mention the monetary cost of the war. But if I know my countrymen aright, the spirit of the Vikings is not dead. There will be a resurrection, and a revival and renewal like that of the Phoenix from its ashes.

The third letter comes from Bolivia, and was written by Senora Sofia Pincheira de Ehrenberg, formerly associate national representative to the I.C.N. from Chile:

If I were alone, without a family that still needs me, I would be one of the first to serve the cause of the United States in the event that the country should be involved in war. I do hope that the United States, as well as our own countries here in the South, will not become implicated in the present disaster. At present I am doing some teaching work at the School for Nurses recently opened here in Obrajes, La Paz, by the Clinica Americana, an institution run under private enterprise. To arouse the interest of the student nurses in the nursing profession, I gave a talk about nursing in the United States and showed the moving pictures which I took at Yale. The whole medical staff was present, most of them Bolivian doctors, and they were surprised to hear of the progress attained in nursing and hospital care. This School for Nurses is, at present, the only one in Bolivia and undoubtedly will promote more interest in the trained nurse, who is almost unknown in this country.

The fourth letter comes from the Matron of the Manchester Royal Infirmary, Miss Lucy Duff Grant:

Your cablegram reached me on a Sunday morning when I was feeling very weary after a week of disturbed nights, culminating in two nights when I never was in bed at all. It put strength and courage into me.

In spite of everything, we are all in good spirits .We do not fear what lies before us and we are all sure of our ultimate victory for the whole country is loyal to King and Government, and we nurses are proud to think that our special watchword until we meet again in happier times is "loyalty". As our great Prime Minister says, we are "grim and gay"—and also full of courage.

Tell our American sisters that British nurses will never let them down, and that we look forward joyfully to meeting the nurses of the world at an International Congress, we hope in America when peace and sanity once more return to this war-stricken world.

The last letter was written by Miss R. Cox Davies, from London:

I want first of all to thank you so much for your letter which should have been answered earlier. I know you will understand that we have very little time and at present very little thought for anything but the one all absorbing topic. Do not worry too much about us. We are certainly not starving, and neither are we too much inconvenienced except for the intense desire that the present difficult days may come to an end quickly. I am not saying anything more because it is inadvisable to write on these topics, but we do value very greatly all the affectionate thought which I know our old friends are giving to our little island so far away from you — so far away only by separation by sea, and not, I know quite well, in any other sense. We are a little island it's true but a very brave one! And at the moment quite a determined and united one also.

All in the Day's Work

HILDA ST. GERMAIN

Then followed two quiet days during which the school children and various settlers called to see me. Then one day the foreman of the City Camp told me he was sending in a man who had cut his foot with an axe. At eleven that night he had not come so I supposed he was not coming. I did not know then that he would have to wait until the teams came home at 6 p.m. and then drive nine miles over very bad roads. At two in the morning there came a knock at the door and the man arrived. He had a deep cut in his left foot, about two inches long, and there had been severe haemorrhage. I put in two stitches, cleaned and dressed the wound. There was no train the next day so I had to keep him at the Nursing Station until the following day.

On the following Saturday, the Rodies had finished their store, and were to give a dance. It rained as though it had never rained before, but Grace and I went to the dance. A man was sitting in a corner playing on some empty lard pails with a hammer and a knife and very good music he got out of them too. That night I had just got the bed warm, when there came a loud knocking at the door. A man who could hardly speak a word of English said, "You come quick. My wife she have a baby". I dressed hurriedly and gathered up the things I needed, and went out in the pouring rain. At the store we waited while the man woke up the proprietor and bought six yards of flannelette, which is their way of making proper preparation for the newcomer. We drove at a neck-breaking pace, the board on which I was sitting bumping up and down, and great lumps of mud hitting me. I was so busy trying to keep on that wagon I had no time to worry about what awaited me.

What a place! Onions hung from the ceiling, one corner of the room was full of potatoes, which gave off a sickly, earthy smell, a kitchen stove was in the middle of the room, and the hired man assured me he had helped the patient all he could. I made mother and baby comfortable, wrapped the baby in the flannelette which was all that was provided for it. Leaving the mother and baby girl in good condition and being assured that a woman neighbour would be there soon, I started for home again. The rain had ceased but the roads were bad. Warmth and comfort, a good meal and a welcome awaited me. Sandy, the pup, rolled out to meet me looking like a ball of fur. I paid this patient three more visits. Her recovery was not without complications, which is unusual with these women.

The school children often called in to be weighed, and would whisper and giggle. For a time they were very shy and self-conscious, but I gave a party one afternoon after school for them and we played musical chairs and hunt-the-slipper, and they began to thaw out. So I started a sewing class for the girls; they came every Thursday evening and listened to the radio, and made some really beautiful afternoon tea cloths out of flour sacks. The sacks were bleached, and a transfer put on which they embroidered. Then a border of gingham was added. The children loved their evening classes and the boys made small log cabins which were later used for bird houses.

Our next door neighbours were the school teacher and his young wife. A narrow woodland path lay between the Red Cross cottage and the School cottage. On the other side of the river, about a quarter of a mile away, there was an English couple, who had three young daughters and one son. They live in a big log house, very comfortable and homey. We never had a lonely evening, one or the other would drop in on us, or we would call on them. The arrival of my radio brought them to our place a good deal, and many a happy evening was spent while the flames leapt high from the log fire in our open fireplace. Early in October the school teacher's wife went to the hospital, and Mr. R. used to have dinner and sometimes supper with us, until one morning the hospital telephoned to tell us that Mrs. R. had a daughter. As soon as school was out, Mr. R. decided to take his ancient Ford and go to see his new daughter, and to start about 3 a. m. on Saturday. Grace wanted to go with him and started to bustle about. Then there was a fragrant smell of frying bacon from the kitchen, and presently we heard a great rattle and bang that announced Mr. R. was coming. The frost was sparkling in the light from the lamps, and the morning was bitterly cold and pitch dark, but you would have thought those two were on a great joy ride the way they laughed, and I felt a bit lonesome at being left behind.

The same afternoon I went to a meeting of the Women's Community Club which was held at a home about two miles away. There were about twelve women, some of them taking children with them. They sat on the side of the wagon with their backs to one another and their legs hanging down. It certainly was a pretty drive through the autumn woods, and if the roads were rough we did not notice it.

Mrs. W.'s cottage looked very homelike and comfortable. One big room served as kitchen and living room, and there were two long, low windows, the sills bright with flowering plants. At one end of the room were shelves well stocked with home-made preserves. The women soon got down to business. This club did all the social work in the place, and put on dances to raise money for the children's Christmas Tree, the Red Cross, or anything else they might need. Just now there was to be a Hallowe'en dance, and each women took some part, either seeing about refreshments or the music.

We were just sitting down to an excellent meal when a young man drove up with a team at a gallop, and asked excitedly, "Is the nurse here? There has been a bad accident. Kopes' team ran away with Mrs. Kopes and little Mary Perchuck. The wagon is just like match wood and Mrs. Kopes is badly hurt". So I had to leave at once. The wagon was just two boards laid across the axle, and we drove as fast as we could, over tree stumps, and logs. The boards would separate, and just as I had made up my mind that I was going through on to the ground, we would go over a stump and bang! the boards would come together again. I would shoot up in the air and come down with a bang until every tooth in my head rattled. The driver looked back at me and asked, "You are not afraid, are you? This is the team that ran away". I had no breath left to answer him, although I thought if they are not running away now, what are they doing?

The patient had been taken into the Munroe's big living room, and was lying on the bed, and her mother was walking around in a most excited manner. The patient, a slip of a girl, did not appear to have any serious injury, although it was too soon to say if there

had been injury to her head. As quietness was essential, I thought it would be best to leave her where she was for the night anyhow. So I gave her a sedative and put ice to her head, and tucked her up warm on the couch. I arrived home about midnight and wondered what was the matter with me, I was so sore all over, but I think the wagon ride accounted for that.

The next day I went again to see my patient. Her mother was anxious to take her home, so they put a feather bed on the wagon and took her to her mother's house — a change for the worse. Mrs. Munroe's room had been big and bright and airy, while the cottage to which we took her was small, onions hung from the room (we even had to stoop to get in at all) and the next room, divided by an archway, was full of potatoes. The place had been heated until it was stifling, and the smell of onions and potatoes defied description. In a corner was a bed and here we placed the patient, between two feather beds. The windows would not open, so I insisted that they let the fire out and leave the door open, and also put the onions somewhere else. The girl had concussion of the brain and was quite sick for about ten days, but she was sensible and saw to it that her mother did as I told her. I visited her every day for a week and she made a good recovery.

On Active Service Overseas

Number 5 and Number 15 General Hospitals have both been busy and are handling a number of patients. Soon, all huts will be completed. Number 4, Casualty Clearing Station is, of course, mobile and at present tents are used for all purposes. The Sisters are glad to be on active service and the Canadian soldiers are delighted to be in their own hospitals. All the Nursing Sisters are doing good work, cheering the patients and showing no sign of nerves themselves, I am thankful to say. The Nursing Staffs for Number 1 Neurological, and Number 4 Casualty Clearing Station, as well as several Home Sisters and Dietitians arrived recently after an uneventful crossing. The Nursing Sisters had a few days shore leave but have now joined their Units.

Number 1 Neurological has an ideal spot for their Unit. It is a large Georgian house surrounded at one time by a moat, and set in lovely parklands. It is a beautiful example of that period and quite unspoiled although absolutely modern as to central heating, plumbing, and refrigeration. Arches and garden houses,

Royal visitors to a Canadian Unit.

apparently built at the same time as the house, and stately avenues of trees make one feel that beautifully dressed people of a past generation should be strolling about instead of our "Blue Khaki". Is it not a pity that places cannot register the scenes from a more colourful and less scientifically brutal age? However, for the special work which will be undertaken here, the surroundings are perfect and will help many a patient toward recovery.

Everyone has been most hospitable to our Sisters and they receive more invitations than can be accepted. Many of the Clubs have offered the privilege of honourary membership and, at the opening of the King George and Queen Elizabeth Club, four of our Nursing Sisters (two from each Unit) formed a Guard of Honour in company with others.

Editor's Note:

The *Journal* is indebted to Miss Emma Pense, R. R. C., Matron-in-Chief (in England) of the Military Nursing Service, R.C.A.M.C., C.A.S.F., for these interesting comments on the work of Canadian Nursing Sisters serving in England.

OVERSEAS MAIL

No. 1, Neurological

The editor has received the following letter from Miss Moya Macdonald, Matron of No. I Neurological Hospital, R.C.A.M.C., C.A.S.F.:

My Nursing Sisters and I wish to thank you for the copies of *The Canadian Nurse* which were already here for us on our arrival. We had a calm and enjoyable crossing not without considerable danger, but arrived safely without incident. We were sent to London for five days leave, but the air-raids were constant and much time was spent in the safety of the shelters. Our Unit is situated in beautiful country, and our quarters are luxurious. At present we have few duties, as we are only in the stage of getting set up and are not ready to care for patients.

A nice cup of tea

It was very kind of you to send me a whole pound of tea — it's wonderful. All of us can now have extra cups when we are sitting under the stairs listening to our big guns pounding away at the Nazi planes, and bombs are dropping all around us.

I am now a ward sister in the same hospital where Phyllis teaches, so we are together all day. I go home to sleep, if I can manage to get through before the raids start. The Nazi planes are overhead regularly about dusk. Quite a lot of bombs dropped within a few miles of the hospital and the sound of them falling is decidedly nasty. They seem to whistle through the air, and then there is a dull thud. Lydia and John sleep in their Anderson shelter in the garden every night, and are still quite safe. John has left school and has joined the R.A.F. and so is following in his father's footsteps In hospital, if there is a raid at night, all the day staff get up and dress, and go on duty in their own ward and stay there until the "all clear" is given. The night before last, I was on the ward until 4.15 a.m. and then had to get up and go on duty again at 8.30. It is a bit tiring, so these days when I am off duty I generally go to bed and try to get some extra sleep. To-morrow I hope to have a whole day off, and shall be really lazy and have breakfast in bed.

Editor's Note: These excerpts are quoted from a letter written to Miss C. M. Watling, Home Sister, School of Nursing, Montreal General Hospital.

Teaching a Home Nursing Class

EVELYN M. REDFERN

Are you going to teach a Home Nursing Class this winter? Besides those nurses actively engaged in their profession, whose work includes such classes, there are some of us, somewhat out of practice, but who are volunteering our services. A little over a year ago I was asked to teach a class of collegiate girls, and as I had not been actively engaged in my profession for several years I felt this was an excellent opportunity, not only for a useful piece of work but for a refresher course for myself. If one is to teach one must study. The work proved even more interesting than I had anticipated. The active co-operation of the principal and the teacher of Home Economics assisted us, and the enthusiasm of the girls themselves made the classes stimulating to all who taught them.

The demonstrations were held in the Home Economics department. The girls were taught the care of the sick in the home, procedure in emergencies, some knowledge of infectious diseases, dietetics, and maternal and infant care. The prevention of disease and the promotion of health were stressed. The girls took turns in being the patient and each class opened with a short talk by the nurse who reviewed the previous lesson briefly and introduced the new work. A discussion period was followed by the demonstration of the day's lesson. The rest of the period was given over to practising the skill demonstrated. No lesson was more interesting for pupils and teacher than the one on infant care. We had a life-sized baby doll with all the equipment for bathing and dressing the baby. Each girl was taught how to pick up and hold a baby and the baby's bath was demonstrated. At the end of the course the classes combined for several lectures from doctors, and one from a dietitian. Had the doctors and the dietitian not been available, the nurses would have finished the course.

As this piece of work developed and we discussed its possibilities the question which naturally presented itself to us, as nurses, was this: why should such an important subject, comprising home nursing, maternal and child care, and first aid, not share a place in our school curriculum with home economics, manual training, and other special subjects? As I thought about it, I realized what an opportunity for health teaching lay in such a course. It has an immediate value in the health of the pupils, and the increased team-work in the family unit, and a definite carry-over value in their future life as home-makers and mothers.

While looking forward to the day when every girl, and perhaps every boy, too, will have the opportunity of getting some such course adequately taught by a qualified person we cannot overlook present opportunities. Since war began interest in home nursing and first aid classes has increased, and there has been an unprecedented growth in this field of health teaching. Many of the classes are under the supervision of the Red Cross Society or the St. John's Ambulance Association. In the larger centres the nurses have some supervision and they do not have to initiate or organize the classes. In the rural areas, however, one nurse may be responsible for everything connected with the course. At any other time she might have to stimulate interest and advertise the series of lessons, but I do not think she would

have any difficulty getting a group together at present. She must, however, decide on the group she will try to reach, the number in the class, location of the class, and so on. Young married women and teen-age girls are most receptive and their knowledge will benefit the coming generation. Small classes of about fifteen are better than larger ones; a small class allows for more individual attention, and more time for each student to practise the skills under the teacher's supervision. It is possible, however, to carry on a successful class with as many as twenty-five or even thirty students.

In choosing the location, a church hall, community hall, private home, school, or outpost hospital might be considered. You must have a place where at least the minimum equipment is available to work with. In the hospital, you might have too much equipment and the pupils might not be able to transfer their knowledge to home situations. A school is unlikely to have the proper set-up, except in larger centres where there is a Home Economics department.

If you are teaching in a private home you can show them how to improvise equipment. If the bed is low, blocks may be put under the four corners to raise it thus saving the person doing the nursing. An old shallow kitchen pot can be used for a bed pan, using a newspaper for a cover. An oil cloth can substitute for a rubber sheet, and thick layers of newspaper covered with clean old cotton will make a bed pad. An orange crate or a bureau drawer may be used for a baby's bed, and a six-quart basket makes a convenient baby tray. Heated flat irons or stove lids wrapped in newspaper will bring relief in place of a hot water bottle.

If the group is selected for you, and you are responsible only for the actual teaching, your work is simplified. You will likely have a manual with instructions on the matter to be presented. When considering the method to be used it is important that the nurse have clearly in mind the central aim of the course and try to relate each lesson to that central theme. In introducing new material, work from the known to the unknown. Know what material you want to present and how you want to present it. Don't depend on the manual in the classroom. Know your lesson and read around each subject. Try to anticipate likely questions and have an answer for them. Be sure you know perfectly the skills you are going to demonstrate. Keep your explanations simple, and allow plenty of time for the demonstration and for each pupil to practise, under your supervision, the skill demonstrated.

I am indebted to Miss Margaret MacLachlan who was formerly in charge of a Red Cross Outpost, for some of the suggestions regarding improvised equipment. She is now engaged in public health work in a rural area, and tells me that she is going to build her course around the theme that "the child is our second line of defence", and "it is a patriotic duty to developed a healthy, virile, and well-equipped race of young people". She is here quoting one of our foremost pediatricians, Dr. Alan Brown, who goes on to say that "we are fighting to make this world safe for democracy so we must at the same time fight to make our children fit to perpetuate this democracy when we shall have attained it". In this fight, we must implant in our pupils the desire for the necessary knowledge and the determination to apply that knowledge.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

First-Aid and "A.R.P."

As announced in these *Notes* in a previous issue of the *Journal*, the Canadian Nurses Association recommended that each provincial association of registered nurses should undertake without delay the organization of refresher courses in first-aid for graduate nurses. The Committee on Nursing Education, C.N.A., was commissioned to organize this undertaking.

A study of initial plans revealed the importance of instruction in first-aid being recognized by the St. John Ambulance Association, therefore, early in August, the use of the St. John Ambulance Association First-Aid Manual was recommended to the provincial units. Also these units were informed that a selected group of nurse instructors should be prepared to give instruction in first-aid throughout each province.

The convener of the Committee on Nursing Education is indebted to the Director of Ambulance of the St. John Ambulance Association for advice and detailed information concerning the organization of first-aid courses. By October 1, each provincial association received official information as to the procedure whereby graduate nurses may secure the first-aid certificate and the instructor's certificate of the St. John Ambulance Association.

Also, last month these *Notes* included information on air raid precautions as received from the Department of Pensions and National Health. Further official confirmation has been received from the Commandery Commissioner, St. John Ambulance Brigade, that the St. John Ambulance Association has been authorized to undertake instruction in "A.R.P." as authorized by Provincial Governments. Therefore the provincial associations have been advised to communicate directly with their respective Brigade Commissioner, who upon the necessary authorization can secure a qualified instructor to give "A.R.P." instruction to groups of graduate nurses.

In several provinces the organization of refresher courses in first-aid for nurse instructors and enrolment for "A.R.P." instruction are well advanced. Any member of a provincial association of registered nurses who has not yet learned the arrangements made by her association should get in touch with the secretary of that organization. From early reports of provincial activities, it is anticipated that during 1940-1941 every nurse in Canada shall be given opportunity to "brush up" her knowledge and practice in first-aid as well as to receive instruction in air raid precautions.

A Vocational Guide

A pamphlet, entitled "Should You Wish to Become a Nurse", prepared by the Committee on Nursing Education of the Canadian Nurses Association, has been published as a source of general information for girls in high schools and colleges who anticipate entering the nursing field. Distribution of the pamphlet is being made through the provincial associations of registered nurses, as recommended by the Canadian Nurses Association. It is hoped that the pamphlet will have a wide circulation in high schools and colleges in order that it may

serve its purpose. The pamphlet has been translated and published in French at the request of the Association of Registered Nurses of the Province of Quebec.

Welfare Federations or Community Chests

During the months of October and November some four hundred local welfare services throughout Canada are endeavouring to raise funds sufficient to meet their needs for the ensuing year. The Central Committee of Community Chest and Councils asked Miss Grace M. Fairley, President of the Canadian Nurses Association, for a statement in support of this annual appeal. We are pleased to be able to publish herewith Miss Fairley's statement:

Probably no group of citizens is more conscious of the need for stabilizing home life than the members of the nursing profession, whose work so frequently brings them in touch with the social problems that arise through illness. The nervous strain that is experienced by many of our citizens just now as a result of anxiety about husbands and sons on active service and their relatives in the war-torn countries of Europe is resulting in still greater demands being made on the various social agencies. These agencies were organized in peace-time, but the family ramifications at present are such that no line of demarcation can be drawn between the family welfare organization and the needs of soldiers' families.

If we hope to build a sound post-war program, we must see to it that the health of the women and children whose men are now on active service will assure the men returning to as normal an environment as possible, and we, the citizens of Canada, must bend every effort to ensure this accomplishment. How true it is that it is for the security of our homes that we are fighting.

The Canadian Nurses Association, of which there are over 16,000 active members, strongly endorses the appeals being made at this time for the support of the welfare organizations throughout the Dominion. Their needs are both pressing and essential to the life of Canada. Not only does this association ask for the support of its members but exhorts all Canadian citizens who can to help. Never was it more necessary that these service organizations should function to the maximum.

Nightingale Memorial Fund

Contribution to the Florence Nightingale Memorial Fund has been received from:

Quebec:

A.A., Royal Victoria Hospital, Montreal, $50.00.

AT 15 MANCHESTER SQUARE

The opening, by the Duchess of Gloucester, of the King George and Queen Elizabeth Club for Service Women of the Empire must have particular interest for nurses of practically every nationality. For the house at 15 Manchester Square, which has been taken over furnished by the British Women's Hospitality Committee for this new club was, until the outbreak of war, the Florence Nightingale International Foundation where hundreds of nurses from all over the world spent, in their time, one happy year as international students. Now it is to be a club for women of the Empire Services and when the Duchess arrived she was welcomed by a guard of honour of nurses, representative of nearly every department of the profession from home and overseas.

THE N.B.A.R.N. ANNUAL MEETING

The twenty-fourth annual meeting of the New Brunswick Association of Registered Nurses was held on September 24, and 25, at Moncton with upwards of 80 members in attendance. The meeting opened with prayer for help and guidance for the Empire. His Worship, Mayor Storey, extended a cordial welcome and greetings were received from Miss G. M. Fairley, President of the Canadian Nurses Association, and Miss Elizabeth Smellie, Matron-in-Chief, R.C.A.M.C. The retiring president, Mrs. G. E. van Dorsser reviewed a year of progress, highlighted by a new Registration Act.

The Secretary-treasurer-registrar, Miss Maude E. Retallick, reported three meetings of the Executive Council during the year which dealt with reports presented from all provincial sections and committees. Membership is steadily increasing, and there is a steady decrease in the number in arrears. The reports of the auditor and treasurer showed careful financing, and a satisfactory bank balance. New and improved requirements for registration have been secured as a result of the new Registered Nurse Act. The report of the Legislation Committee, presented by the convener, Miss B. L. Gregory, marked another milestone in Association history. Its modest statements made no pretence of showing the volume of work done during the past year.

Miss Lois Smith, convener of *The Canadian Nurse* Committee, reported a slight decrease in the latest list of subscribers. Lively interest and admiration were evidenced for the exhibit prepared by *The Canadian Nurse* Committee of the Association of Registered Nurses of the Province of Quebec, and kindly loaned to New Brunswick for the occasion.

The report of the Advisory Committee on Nursing Schools was presented by Miss Retallick, Registrar and School Visitor. School visiting continues under the direction of this committee, and thirteen schools are on the approved list. One of these, the school for Sisters only in the Hotel Dieu of St. Joseph, St. Basil, being listed for the first time. It is evident that better educated students are being admitted, and there is an advance in qualifications required for staff nurses. A study of school records will be undertaken by the Committee on Instruction with a view to unification.

The report of the Provincial Joint Enrolment Committee was presented by Miss Retallick. In this province, nurses desiring military service are enrolling directly with the Military Medical Officer of the district. By resolution of the meeting, the joint enrolment effort is to be continued.

Chapter reports showed the usual activities carried on in addition to war work. Sister Kerr's report of the Nursing Education Section stated that 465 students are enrolled in provincial schools. The advance in the minimum requirements for registration, and the definition of an approved school of nursing, according to the new Act, were also mentioned. The name of this section was changed to Hospital and School of Nursing Section. Miss M. Myers, convener of the Committee on Instruction, reported more effective functioning since the formation of a small executive group within its membership. Miss Myers also mentioned the modification of courses outlined in the new Curriculum to meet the facilities available.

The report of the Public Health Section, presented by the convener, Miss A. A. Burns, showed urgent need for more public health nurses in the Province. Miss Burns also referred to the study of minimum qualifications for public health nurses in Canada which was carried on under the auspices of the Public Health Section of the Canadian Nurses Association. The report of the Private Duty Section was presented by the convener, Miss M. Kay, who stated that the majority of private duty nurses had enrolled for military service. Unemployment had decreased notably in some districts. The name of this section was changed to General Nursing Section.

Miss A. J. MacMaster, convener of the

Scholarship Award Committee, announced the award of the $250. scholarship for 1940, to Miss Margaret E. Tedford, now enrolled at the School for Graduate Nurses, McGill University. Another award of the same amount, upon the same terms, will be offered in 1941.

At the conclusion of the afternoon session, members were delightfully entertained by Mrs. Rance MacKinnon with a group of humourous readings. Another enjoyable occasion was the dinner and sing-song. Professor Royle, of Mt. Allison University, gave a delightful address on art, its influence, and benefits in ordinary life.

Reports were received from Miss E. Dickson, convener of the Nightingale Memorial Committee, which stated that obligations had been met for this year. The History of Nursing Committee, under the convenership of Miss Burns, showed provincial data to be steadily accumulating. Miss M. McMullen, convener of the committee on eight-hour duty, reported that one hospital had adopted the straight eight-hour schedule. There is more effort in all hospitals to increase the time allowance, and a gradual disappearance of twenty-four hour duty for special nurses in hospitals.

Regret was expressed that delegates appointed to represent the Association at the C.N.A. biennial meeting were unable to attend. Appreciation was expressed for the extension of a delegate's privileges to Miss Lyla Gregory, a member in attendance. The meeting approved a donation of $150. to the Lord Mayor's Fund of London, for rehabilitation of the homeless, particularly for refugee children. An invitation to hold the annual meeting in 1941 in Newcastle was accepted.

The election of the Council resulted as follows: President, Sister Kerr, Hotel Dieu Hospital, Campbellton; first vice-president, Miss A. J. MacMaster; second vice-president, Miss Lois Smith; honourary secretary, Miss Sybil N. Everitt; conveners of committees: general nursing section, Miss Myrtle Kay; hospital and school of nursing section, Miss Marian Myers; public health, Miss A. A. Burns; *The Canadian Nurse*, Miss Helen Cahill; legislation committee, Miss B. L. Gregory; members of the council; retiring president, Mrs. G. E. van Dorsser; Miss Emma R. Trafton, Fredericton; Miss Ethel M. Hillyard, Moncton; Miss B. M Hadrill, New castle; Miss Louise Bartsch, Saint John; Miss Reta Follis and Miss Mabel McMullen, St. Stephen; Miss Elsie M. Tulloch, Woodstock.

The resignation of the Secretary-Treasurer-Registrar, Miss Retallick, was temporarily withdrawn and she was reappointed to office for another year. A special vote of thanks was presented to the retiring president, Mrs. G. E. van Dorsser, for her able leadership and tireless effort on behalf of the Association during her term of office. As a mark of their affectionate regard, the members authorized the treasurer to present Mrs. van Dorsser with War Savings Stamps.

—MAUDE E. RETALLICK

Ontario Public Health Nursing Service

Miss Mary Thom, B. A. (School of Nursing, University of Toronto, 1936) has succeeded Miss Dorothy Daniels as public health nurse in Galt. This appointment is under the Board of Health and the program does not include school health service.

Mrs. Fraser Ross MacPherson (John Hopkins School of Nursing, Summer Course in School Nursing, Ontario) recently began her work as school nurse (part-time) at the Toronto Normal-Model school.

Miss Oleavia Chant (Buffalo City Hospital, and University of Toronto Public Health Nursing course) is public health nurse at Haileybury.

Miss Dorothy Nicholls (St. Andrews Hospital, Midland, and University of Toronto Public Health Nursing Course) has been appointed by the Board of Health of Penetanguishene to succeed Miss Alpha Marchand.

Miss Marion Ross has joined the staff of the Wentworth County School Health Committee.

Highlights of the "A.P.H.A." Meeting

MAUDE H. HALL

Because one person cannot be in more than one place at one time, I can give only the highlights of the recent meeting of the American Public Health Association, held in Detroit. While this convention was illuminated with many things of greater or lesser importance, the philosophy of all public health work seemed to shine most brightly and to penetrate to the heart of all the discourses and discussion—the desire to create conditions under which we may "have life and have it more abundantly". It was inspiring to see and hear, yes, and to meet the people whose names are high in the public health firmament. The opportunity for interchange of opinion between sessions was stimulating, and perhaps as good a source of benefit as any.

For public health nurses, the National Organization for Public Health Nursing dinner was an enjoyable and, I may say, historic event. Miss Grace Ross, president of the organization, was honoured for her twenty-five years of service as superintendent of the nursing division of the Detroit Department of Health. There were more than six hundred guests, and the scene was one of festivity and beauty when Dr. Henry F. Vaughn, Commissioner for Health, paid Miss Ross a glowing tribute of praise and appreciation. It was a source of pride to every one of us to hear a member of our profession so generously eulogized by a public health official. Dr. Vaughn also expressed his unstinted admiration for the chairman of the public health nursing section, Miss Marion W. Sheehan, and for Miss Elizabeth Smellie, Matron-in-Chief of the Nursing Service of the Royal Canadian Army Medical Corps, who had been signally honoured by the Association as the first woman to be appointed to the office of first vice-president. It was especially heart-warming to the Canadians present to hear their country woman singled out in such laudatory remarks.

At the general dinner of the Association, held on a later date, another Canadian nurse was the recipient of an honour. Miss Margaret Moag, district superintendent of the Montreal Branch of the Victorian Order of Nurses, was one of a number to whom awards were made, by the Detroit Department of Health, in recognition of outstanding work in the public health field accomplished by nurses and doctors who had been members of the department staff in former years.

Dr. W. S. Leathers, Dean of the School of Medicine in Vanderbilt University, and president elect of the Association, forecasted a duplication of the last war's influenza epidemic, as a result of the mobilization of the nation's military forces, and called upon the delegates to prepare themselves for a vital re-adjustment in health services. "Our available data points to another epidemic in the near future" he said, "and there is urgent need for continued research".

Reference was frequently made to the American way of life, which is built on the same democratic principles to which we Canadians subscribe. It was demonstrated that people cannot be regimented into health, but that health must be taught to families in the homes. The goals in a public health program now include the prevention and control of communicable diseases, industrial hygiene, adequate nutrition, mental hygiene, and good housing. New and revo-

lutionary scientific discoveries are not necessary to insure better health and long life; but restricted budgets hinder the application of the knowledge now available, and there is need of a better understanding and a fuller knowledge to gain support for community enterprises.

Attention was drawn to the differentiation between information and education. Among the difficulties to be overcome are lack of co-ordination between agencies and health departments, failure to define objectives, over-emphasis on the promotion of the agency rather than the specific needs of the people, and lack of facilities for pooling information. All these difficulties can and will be overcome, and eventually health education will come into its own.

Trends which affect public health nursing were discussed by an "all-star panel". The topics include an analysis of the present qualifications of public health nurses in the United States, the setting up of minimum qualifications, methods of furnishing data for personal and other studies, and practical principles of making and using studies. Maternal and child care received much attention. A school for "heir conditioning" proved to be an institution for the education of prospective parents, where three hundred and twenty-eight fathers and six hundred and forty-seven mothers had already received preparation for their estate of parenthood.

Officers of the army, navy, and public health services discussed the problem of venereal disease control with special concern for the efficiency of American defence forces. The need for good surroundings in camp was emphasized, and the establishment of clinics, health education, and wholesome recreation were suggested as correctives and safeguards. The necessity for preparedness was reiterated, and the health of the nation was called the measure of its power. The welfare of the industrial workers, as well as that of the armed forces, has become of vital interest and health preparedness for the mobilization of man power has taken on a new significance. The American Public Health Association is a potent influence in the well-being of the people of the American continent, and attendance at their annual meeting was a source of interest and stimulation to the writer.

ONTARIO NURSES WAR FUND

At the request of Matron Gladys J. Sharpe, Secretary of the Ontario Nurses War Fund Committee, the following announcement is made concerning the splendid work done under the auspices of the Committee:

More than $9,000 of the $10,000 objective of the Ontario Nurses War Fund has already been raised. The fund is to be used to purchase emergency surgical units, which the Canadian Red Cross Society has advised are urgently needed. The approximate cost of each unit will be $1,000 and these are of such a nature that they can be used in outpost hospitals after the war.

With certain localities not represented, the subscription list is remaining open until all have been heard from, as it is confidently expected that our objective will be attained when every one has made a donation. The secretary-treasurer of the Registered Nurses Association of Ontario has kindly consented to receive all donations. Cheques and money orders may be made payable to the Ontario Nurses War Fund Committee and forwarded to the Secretary-Treasurer of the Registered Nurses Association of Ontario, 86 Bloor Street, West, Toronto. Please send in your contribution as quickly as possible.

THE C.P.H.A. MEETS IN WINNIPEG

FRANCES KING

The Canadian Public Health Association chose Winnipeg as its meeting place this year and fully 95 per cent of the public health nurses in Manitoba seized the opportunity of attending the sessions. Earlier in the week, this same nursing group was present at a refresher course designed to fit their own special needs and to give them the privilege of meeting with public health leaders from all parts of Canada. Miss E. A. Russell, director of the Public Health Nursing Division of the Manitoba Provincial Department of Health and Public Welfare, arranged that the biennial refresher course for her nurses directly precede the meeting of the Canadian Public Health Association, and those who could be spared from their districts were given permission to attend all sessions. Consequently, nurses from the rocky north, the settled townships, and the rural municipalities, the Health Units, and isolated nursing stations met in Winnipeg to be welcomed by the Minister of Health —the Hon. I. B. Griffiths. He was particularly appreciative of the work his nurses have been doing in preparing and investigating homes for British children and struck a note of optimism for the future of public health which was to prevail throughout the whole week's activities.

At noon the Provincial Nurses' Social Club met at a luncheon to deal with problems of a more personal nature. Presentations were made to two members of the staff who will be married shortly; greetings were sent to Nursing Sister Dorothy Brown, who is now serving in England; Miss A. Blais and Miss E. Rowlett were heartily congratulated upon the part they played in winning for the St. Vital-St. James Health Unit the 1939 First Award in the Canadian Rural Health Conservation Contest.

The lectures arranged for the remaining two days of the refresher course were open to all public health nurses. Members of the Victorian Order, Margaret Scott Nursing Mission, Bureau of Child Hygiene (Winnipeg), Winnipeg School Board, City of Winnipeg Health Department, and hospital departments arranged their work so that nurses from each group could be present at every lecture, and these in turn were detailed to bring back the latest information to the less fortunate ones who remained on duty.

For the remainder of the week the public health nurses attended the joint meetings of the Canadian Public Health Association and the Manitoba Medical Association. From the professional standpoint of the nurse, perhaps the most stimulating and informative session came when a symposium was given on the pre-school child. The program was arranged by the Public Health Nursing Section of the Canadian Public Health Association, with Miss E. A. Russell as chairman. Professor H. R. Lowe, Superintendent of Education (Manitoba), dealt with the emotional development of the pre-school child. Speaking in the capacity of an educationalist, a recognized psychologist, as well as a parent of pre-school children, Professor Lowe covered his subject very thoroughly, and so convincingly that one medical man rose to his feet to ask why the Department of Education did not "cut down on higher education" and concentrate more time and money on the two to five age groups.

Dr. O. J. Day, medical director for pre-school children for the city of Winnipeg, Department of Health, was the second speaker, and left no doubt in anyone's mind of the great need of redoubled effort in the direction of this neglected age group.

Miss Gertrude Hall made an excellent resumé of the important points raised by the speakers and gave direction to the lively discussion which followed. The Misses K. Richardson, Idell Robinson, and Miss Cates, of the Winnipeg Nursery Schools, very capably answered questions raised in regard to their work. Dr. Davey of Hamilton, Dr. Stewart Murray of Vancouver, and Dr. Bowman of Manitoba, were especially interesting in their pithy and pertinent remarks.

After a short business meeting, the public

health nurses met again at a luncheon, sponsored by the Public Health Section of the Manitoba Association of Registered Nurses. They were especially honoured to have as their guest, Miss Elizabeth Smellie, Matron-in-Chief, R.C.A.M.C. Dr. M. S. Lougheed, medical officer of health for Winnipeg, was the guest speaker. In a friendly, humourous manner he discussed the relationship between the medical health officer and the public health nurse, and gave a comprehensive view of the administration of Winnipeg's Health Department. Later in the afternoon, "95 per cent of Manitoba's public health nurses" prepared to take their separate ways again, each with renewed enthusiasm, and with many things upon which to muse.

SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY

The McGill School for Graduate Nurses has moved from its former quarters and is now conveniently located on the fourth floor in the Medical Building.

Members of the Alumnae Association will be interested in hearing of many new appointments: Miss Adelaide Haggart (T. & S., 1938) has recently joined the staff of the Montreal Neurological Institute. Miss Ella Howard (T. & S., 1939) has been appointed assistant superintendent of nurses in the Regina General Hospital. Miss Myrtle Graham (T. & S., 1938) has been appointed assistant superintendent of nurses in the Verdun Protestant Hospital, Verdun.

The members of the class of 1940 are now working in eight Canadian Provinces, and even in Labrador. Miss Lillian Baird is in charge of the Mary Shaw Barrow Nursing Service, Malbay, Que. Miss Helen Bendig is on the staff of the Provincial Health Department, Regina, Sask. Miss Phyllis Baden has been appointed to the Burnaby branch of the Victorian Order of Nurses in British Columbia. Miss Hazel Brokenshire has been appointed to the Montreal branch of the Victorian Order of Nurses. Miss Margaret Cogswell in on the staff of the Provincial Health Department, Lamont, Alta. Miss Marjorie Cowan has been appointed to the Regina branch of the Victorian Order of Nurses. Miss Edythe Cole has been appointed to the Montreal branch of the Victorian Order of Nurses. Miss Martha Earle has been appointed to the Newcastle branch of the Victorian Order of Nurses in New Brunswick. Miss Marie Grant is on the staff of the Provincial Health Department, Windsor, N. S. Miss Edna Hattie is on the staff of the prenatal clinic in the Royal Victoria Montreal Maternity Hospital. Miss Selena Henderson is on the staff of the out-patients department in the Children's Memorial Hospital, Montreal. Miss Elizabeth MacDonald is serving with the Grenfell Medical Mission at Cartwright in Labrador. Miss Nora McCoy is on the staff of the Provincial Health Department, Vauxhall, Alta. Miss Cecilia Pope has been appointed school nurse in Westmount, Que. Miss Thelma Steeves has been appointed to the Digby branch of the Victorian Order of Nurses in Nova Scotia. Miss Barabara Beattie is now superintendent of the Drumheller Hospital, Alta. Miss Penelope Bonnar is instructor at the Winnipeg General Hospital. Miss Mary Crossman has been appointed superintendent of nurses in the Aberdeen Hospital, New Glasgow, N. S. Miss Peggy Dixon is a head nurse in the Montreal General Hospital. Miss Daisy Everson has been appointed to the nursing staff of the Nicholls Hospital, Peterborough, Ont. Miss Katherine Gibson is on the staff of the out-patients department in the Royal Victoria Hospital, Montreal. Miss Elizabeth March is now science

instructor at the School of Nursing, Toronto Western Hospital. Miss Alice Palmquist is on the staff of the Regina General Hospital. Mrs. Jessie Porteous has returned to the Saskatoon City Hospital to resume her duties as senior instructor. Miss Phyllis Snow has been appointed instructor in the school of nursing at Jeffery Hale's Hospital, Quebec City. Miss Helen Wilson is now a member of the Training School Office staff in the Winnipeg General Hospital.

FLORA LAMONT,

Representative to The Canadian Nurse, A.A., School for Graduate Nurses, McGill University.

A REFRESHER COURSE—WHAT THEN?

FRANCIS V. MCQUARRIE, B.A., B.A.Sc

A Refresher Course comes and goes, but what part of it lingers on? This is a timely question — for we in British Columbia, under the leadership of Miss Marion Lindeburgh, have recently had such a course. There are still echoes reverberating throughout the hospital which by their very repetition are making a lasting impression. Perhaps the most easily discernible influence has been that upon our hitherto rather narrow professional vocabulary. It is surprising how many phrases have crept into our speech — "democratic attitude", "scientific method", "reflective thinking", to mention just a few. Each time one of these phrases is spoken it recalls an idea, an attitude of mind, and starts a new chain of thought, and shows that all our new found scientific principles and ideas of supervision have not passed beyond the threshold of recall.

I have mentioned three particular phrases because they are those which have been most persistently repeated. Are they just echoes, without body, or do they show upon what paths our need has taken us? Consider first of all "democratic attitude". Roughly defined, this means the right of individuals to reach their greatest growth. Many times an autocracy is clothed in the outer garments of democracy, but it fails to produce democracy's true result — individual growth. So, only by showing increased professional growth, is it possible to judge our democratic attitude. It would be an almost impossible task to decide so soon how much any one of our staff had developed, but certain manifestations of well directed activity along this line are definitely visible. A greater mutual understanding of supervisor, head nurse, and staff is being fostered and achieved, showing results in greater coordination of effort with a consequent higher standard of achievement in general patient care and in education. Of the desire for individual professional growth there is an unmistakable indication, shown by the enthusiastic response to a self-financed professional library for our staff nurses.

Have we managed to employ "scientific methods" in our supervision? Perhaps, though nursing is an art and a science, we have not in the past, made use of scientifically sound methods of supervision and ward-teaching. That is, we have not considered those factors essential to planning a successful supervisory program: a definite goal; a pooling of resources; flexibility; practicability. There is certainly a definite trend towards mutual consultation and planning which in itself is distinctly encouraging. However, a practicable plan is not easily organized but producued through a very long process of accepting and discarding ideas. Because of this it is better to make no comments on planning as yet, because much water will go under the bridge before a satisfactory plan is produced. So what we are now seeking is: "A guiding, controlling,

and co-ordinating force towards education and service."

A central plan for service and education is ideal. However, there are many misconceptions regarding its practicability. So it will take time, labour, and inspired interpretation to disprove these established prejudices. We have had the inspiration, we have the time, we need only to expend unceasing energy to arrive at our goal.

"Reflective thinking" is a difficult phrase to discuss, for mind-reading is beyond the ken of ordinary human beings. However, I feel that any results that I have mentioned heretofore are directly due to one or more persons deliberately thinking through an idea. In the rush of our professional life there is little time *given* to us to follow through our thoughts, but a real enthusiasm is demonstrated by any who *make* time.

Not a little of the success of our venture was due to a small but potent publication which is available to all. At the time when this course in leadership was first suggested, we had no knowledge of the possibility of the Supplement to the Proposed Curriculum being written directly along the lines in which we were so interested. However, its timely publication and the able interpretation to us by one best qualified to do so, gave us an inspiration and an understanding which we might otherwise have missed.

AN INSTITUTE ON NURSING EDUCATION

An institute on nursing education, under the auspices of the Committee on Nursing, Ontario Conference, Catholic Hospital Association, was held recently at St. Joseph's School of Nursing, London. The phases of clinical teaching and supervision were ably conducted by Sister M. Aniceta, S.S.M., M.S., R.N., Associate Dean and instructor in supervision of nursing service, St. Louis University School of Nursing, St. Louis, Mo. Demonstrations of the morning circle and the ward clinic were carried out on one of the hospital wards. The whole program was enthusiastically received, the lectures being most interesting and very practical. Sister M. Henrietta, S.S.M., M.A., R.N., associate professor of nursing education in St. Louis University School of Nursing, gave some excellent instruction in the guidance of student nurses. Forty-three Sisters from schools of nursing in different parts of Ontario attended. All agreed that the institute will be of much assistance to them in the organization of ward teaching.

STUDENT NURSES PAGE

We Like the Eight-Hour Day

MARGARET STEWART, B.Sc.

Student Nurse

School of Nursing, St. Eugene Hospital, Cranbrook, B. C.

Much has been written and more has been said about the feasibility of an eight-hour day for both graduate and student nurses, but few hospitals and schools of nursing have established such a routine, despite the fact that with the demands for better nursing care have come demands for shorter hours and consideration of an eight-hour day. In December, 1938, St. Eugene School of Nursing started a practical experiment and set up a new hospital routine with three shifts of eight-hour duty. "The old order changeth, yielding place to new", for in place of the seven-to-seven shift, with three hours off, the hours of duty were changed to three shifts of 7 a.m. to 3 p.m.; 3 p.m. to 11 p.m.; 11 p.m. to 7 a.m.; plus a "split shift" of 6 a.m. to 10 a.m. and 3 p.m. to 7 p.m. This was a radical change from the old routine and its success depended on the co-operation of each nurse. That December made history for our school, since in that month it was proved to us that the eight-hour day was not only possible but an established fact.

The St. Eugene Hospital, founded in 1912, has a capacity of one hundred beds, with an average bed occupancy of eighty per cent. There are two floors for patients and one for administrative offices, X-ray, laboratory, and diet kitchen, besides the chapel and community room for the Sisters. The nursing staff consists of four head nurses, and twenty-eight student nurses. Of the twenty-four capped students, two are affiliated in successive periods with Tranquille Sanatorium, and one with the Provincial Mental Hospital at Essondale. The rest of the students are on three straight eight-hour shifts of duty, excepting two who are on the "split shift". Instead of the free afternoon each week, every nurse, student and graduate, is given a day off every two weeks, with the privilege of designating the day she wishes. A nurse replaces those who are off duty so that at no time is a floor left short-staffed.

Classes are held from two to four in the afternoon, and lectures are so arranged as not to conflict with the eight-hour day. During this year there have been fewer nurses ill and off duty, and more time for studies and recreation. The first year of our experiment has passed and it is safe to say that members of the staff and the school prefer this routine to any other. The patients also prefer it, as they receive more constant and thorough attention

because each nurse is there for eight hours and can devote all her time on duty to her work. The students have sufficient time to actually secure good nursing practice and to feel that personal satisfaction which accompanies any work which is well done.

As students, we feel that in this year another chapter of progress has been added to the history of St. Eugene Hospital and School of Nursing, of which we may well be proud.

Royal Alexandra Choral Club

CONSTANCE CLEMENS

Student Nurse
School of Nursing, Royal Alexandra Hospital, Edmonton

During the past two years, graduates and students of the School of Nursing of the Royal Alexandra Hospital, Edmonton, have derived much pleasure and profit from their very active Choral Club. The founder recognized a long-felt need in student life for some broadening "outside" influence and we are glad to pass on a few facts as to our organization and activities to other students who might be interested.

Our club was first formed in October 1938, under the leadership of Mr. Vernon Barford. The membership was thirty-two and practices were held weekly. The only public appearances of that year were carol singing at Christmas throughout the Hospital, and our choral offerings at the graduation exercises, but we gained much enjoyment and knowledge in weekly practices. Our organization has a president, vice-president, and secretary-treasurer. The monthly fee is twenty-five cents, which in addition to a small grant from the Student Government Association serves to pay for the services of our conductor and to supply the music. Many charming arrangements for female voices are obtainable.

Meetings were suspended during the summer, but in the fall the Club met again with an increased membership of forty-one under the leadership of Mr. G. A. Kevan. Feeling more confident, we ventured further afield. Besides carol singing and our part in the graduation exercises, we sang over radio station C.K.U.A., and took part in the Musical Festival. We have been asked to sing at a special service for nurses at a local church, and we have hopes of putting on an operetta as well.

Miss Margaret S. Fraser, our superintendent, has given her kind encouragement and assistance to our enterprise; she and other members of the staff thoughtfully provided refreshments on special occasions. The last practice of this season ended with a pleasant social hour with Mr. and Mrs. Kevan as guests of honour. We wish you could come with us some night—scurrying off duty from all corners in the hospital to sing with true Spanish zest "La Spagnola" or some other favourite. I'm sure you'd enjoy it—we do!

Obituaries

SARAH HEANEY, for many years a member of the nursing staff of the Shaughnessy Military Hospital, Vancouver, died recently as the result of an accident. Miss Heaney was a graduate of the School of Nursing of the Royal Jubilee Hospital, Victoria, and a member of the Class of 1901. She served overseas from 1914 to 1918 as a Nursing Sister during the Great War, and will be greatly missed by her soldier patients to whom she rendered devoted service.

Sister Heaney saw active service in Salonica, and later was assistant to Matron Pope at No. 2 Stationary Hospital in France. In recognition of her outstanding service she received the decoration of the Royal Red Cross from His late Majesty, King George V. It is fitting that her last resting place should be in the returned soldiers plot.

MRS. J. A. JOHNSTON (A. Mary Roberts) died recently at Smiths Falls, Ontario. She was a graduate of the School of Nursing of the Toronto General Hospital, and a member of the Class of 1901. Prior to her marriage she served as a school nurse in Toronto for several years.

LILLIAN B. MOORE died recently in La Jolla, California. Miss Moore was a graduate of the School of Nursing of the Montreal General Hospital, and a member of the Class of 1902. For some years prior to her retirement, she served as assistant superintendent of nurses in the Good Samaritan Hospital in Los Angeles.

DR. MAUDE ABBOTT

In paying tribute to the memory of Dr. Maude Abbott, one feels that over a period of many years of the closest association, nurses and nursing touched her deeply. It was in the Spring of 1916 that Dr. Abbott delivered the valedictory address to the graduating class of the School of Nursing of the Royal Victoria Hospital. At that time she stressed the fact that the history of nursing should form an integral part of the curriculum of every school of nursing. In 1917, at the invitation of Miss Mabel F. Hersey, then superintendent of nurses, an initial elementary course of eight lectures was given to the senior class by Dr. Abbott. This series, perhaps her most valuable contribution to nursing education, is dedicated to the memory of Sir William Osler. These lectures were richly illustrated by lantern slides made by Dr. Abbott herself.

Dr. Abbott had a keen appreciation of the difficulties and vicissitudes of nursing and once said to a group of nurses, "Your training has equipped you nobly for advance, for in its discipline you have learned the secret of success". She was a patient at the R.V.H. on more than one occasion, and so had ample opportunity to judge the virtues and the failings of those of us who had the privilege of caring for her. In later years it was always a happy interlude in the morning's work when she arrived at the office of the School of Nursing, stethoscope in hand, ready for medical staff rounds. Those who knew her intimately in this informal way will remember her delightful sense of humour. She will be missed, but there will remain the memory of a great personality. *Grace R. Martin.*

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BOOK REVIEWS

THE CARE OF POLIOMYELITIS, by Jessie L. Stevenson, A.B., R.N., Consultant in Orthopedic Nursing to the National Organization for Public Health Nursing. Illustrated. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, $2.75.

This book has grown out of the author's experience in the orthopedic division of the Visiting Nurse Association of Chicago, and would be particularly helpful to public health nurses in the field who are responsible for supervising the care which the family gives the sufferer of poliomyelitis in the absence of the nurse. Many of the instructions are applicable to other types of crippling conditions as well as to poliomyelitis. The book is full of practical examples of how to give nursing care and emphasizes important teaching points.

PRINCIPLES OF ORTHOPEDIC SURGERY, by James Warren Sever, M.D., Orthopedic Surgeon, Children's Hospital, Boston. Third edition, completely revised. 410 pages. Illustrated. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, $3.60.

Because there are relatively few orthopedic cases in general hospitals, student nurses do not get sufficient opportunity of observing them at first hand. Unfortunately it is also true that not all students receive adequate experience in pediatric nursing. It is, therefore, all the more desirable that by means of a suitable textbook they should acquire at least a fundamental knowledge of accepted methods of orthopedic treatment. In his excellent treatise Dr. Sever has made extensive use of illustrations which give a clear idea of the various types of deformity and of the measures taken to correct them. While not a nursing textbook in the ordinary sense of the word, many references are made to nursing care. The methods described are those in use in the Children's Hospital in Boston and are, therefore, excellent. Special chapters are devoted to the social and economic aspects of the disease, to its treatment by means of physiotherapy, and to the various corrective appliances.

NURSING CARE STUDIES, by Deborah MacLurg Jensen, R.N., B.S., Lecturer in Nursing Education, Washington University, St. Louis, Mo. Third Edition of Student's Handbook on Nursing Case Studies. 197 pages. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, $2.00.

Considerable stress is now laid upon nursing the patient "as a whole". The so-called efficiency method gave the nurse little opportunity to assume full responsibility for the individual patient, nor had the patient the comforting assurance that "his" nurse really belonged to him. The preparation of nursing care studies does help to develop a sense of personal responsibility, but many students find it difficult to select and arrange their material. Miss Jensen's book will be most useful to instructors and supervisors and the students themselves will find the chapters on collecting and analyzing data are worthy of close attention. An appendix intended for the use of supervisors gives valuable hints to those who are not familiar with this method of teaching.

MAKERS OF NURSING HISTORY, edited by Meta Rutter Pennock. New and revised edition. 142 pages. Illustrated. Published by the Lakeside Publishing Company, New York City.

This book contains portraits and pen sketches of one hundred and nine prominent women who have helped to make nursing history. Most of them are nurses and many of them are Canadians. Interesting comment is made concerning the professional careers of Miss Grace M. Fairley and Miss Elizabeth Smellie. A fine tribute to Miss Bertha Harmer is contributed by Miss Goodrich. Other sketches deal with such outstanding Canadian figures as Mary Agnes Snively and Flora Madeline Shaw. Unfortunately the book has no index, and there are more minor errors than should occur in a work of reference. Apart from these defects, which will doubtless be corrected in future editions, the book affords an interesting glimpse of many strong and vivid personalities.

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REGISTRATION OF NURSES
Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held on November 21st and 22nd.

Application forms, information regarding subjects of examination and general information relating thereto may be had upon written application to:

ALEXANDRA M. MUNN, Reg. N.,
Parliament Buildings, Toronto

NEWS NOTES

ALBERTA

LETHBRIDGE:

A banquet opened the season for the nurses of District 8. Several nurses from out-of-town attended, and the honour guest was Mrs. E. Kipp, formerly Miss Bertha Clarke, who was presented with a gift from the Association in honour of her marriage. Miss F. Harvey was introduced and welcomed to the Association. The Norlanders male quartette entertained the Association with several musical numbers.

Miss Frances A. Harvey (Calgary General Hospital) has accepted the position of superintendent of nurses at the Galt Hospital, Lethbridge. Miss Harvey comes to this district with a store of knowledge gathered from her contact with the many hospitals where she has worked. After taking a post-graduate course at the Royal Victoria Hospital, Montreal, in obstetrics and gynaecology, she served as night supervisor of the Women's Pavilion. The fact that she spent several years as supervisor of the operating room at the Calgary General Hospital proves her ability in this field. The Association is very pleased to have Miss Harvey as a member and wish her all success.

Miss Agnes Short (Calgary General Hospital) has accepted a position as supervisor in the Galt Hospital, Lethbridge. The following nurses have accepted positions at St. Michael's Hospital: Miss K. Hargrud (St. Paul's Hospital, Saskatoon); Miss M. Bracklock (Holy Cross Hospital, Calgary); Miss B. Forsythe (Holy Cross Hospital, Calgary).

Married: Recently, Miss Lois G. Johnson (Galt Hospital) to Mr. Cecil N. Burns.

Married: Recently, Miss Agnes Slater (Galt Hospital, 1932) to Mr. George Cook.

Married: Recently, Miss Mary Caldwell (Galt Hospital) to Mr. Robert Rae.

Married: Recently, Miss Ruth Westbrook (Galt Hospital) to Lance Corp. L. Williams.

Married: Recently, Miss Euphemia H. Gardner (Galt Hospital) to Mr. Albert H. Collier.

Calgary General Hospital:

The following officers have recently been elected to serve during the coming year by the Alumnae Association of Calgary General Hospital: Honourary president, Miss S. Macdonald; president, Mrs. T. L. O'Keefe; first vice-president, Mrs. A. E. Warrington; second vice-president, Mrs. H. Buckmaster; secretary, Miss M. Frew; corresponding secretary, Miss E. Swift; treasurer, Miss M. Carlson; press correspondent, Mrs. L. McPhee.

BRITISH COLUMBIA

VANCOUVER:

At the recent examinations held for the title of "Registered Nurse" in four centres of British Columbia, 140 nurses wrote either full or partial papers.

Miss Heather Kilpatrick, B.Sc., R.N., has been appointed Provincial Supervisor of Public Health Nursing. Miss Kilpatrick graduated from the University of British Columbia in 1931, was in charge of the Health Centre at Duncan, B. C. for a numberof years, and has recently returned from taking post-graduate work at the University of Toronto.

NELSON:

The annual dinner of the Registered Nurses Association of Nelson took the form of a district gathering, nurses from Trail, Rossland, Creston, Kaslo, New Denver, Nakusp, and Grand Forks being invited to attend. Miss Margaret Duffield of Vancouver, president of the R.N.A.B.C., and Mrs. Edith Pringle of Vancouver, assistant to Inspector of Hospitals for B.C., addressed the meeting on districts and chapters. The Association voted $50 toward the purchase of War Savings Certificates.

Married: Recently, Miss Gabrielle Audrey Pontifex (Royal Columbian Hospital) to Mr. Walter Remington Devereux.

Married: Recently, Miss Beatrice Elizabeth Richmond (St. Paul's Hospital) to Mr. T. Crawford Melville.

Married: Recently, Miss Annie S. McGregor (V.G.H.) to Mr. R. G. Allaway.

Married: Recently, Miss Jean Walker Rosevear (Royal Jubilee Hospital) to Mr. Victor Sudlow.

Married: Recently, Miss Edna V. Anderson (Royal Jubilee Hospital) to Mr. David Pite.

Married: Recently, Miss Leila P. Downing (Royal Jubilee Hospital) to Mr. Roland Banyard.

Married: Recently, Miss Bertha M. Lind (Royal Jubilee Hospital) to Dr. J. B. Roberts.

Married: Recently, Miss Louise Nagle (St. Paul's Hospital) to Pilot Nelson Norquist.

Married: Recently, Miss Margaret McDowell (Royal Inland Hospital, Kamloops) to Mr. Roland Thompson.

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* *Am. J. Digest. Dis. & Nutrition, 5:248*
† *J. Am. Dietet. A. 10:89*

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Married: Recently, Miss Kathleen Evelyn Schmidt (St. Paul's Hospital) to Mr. William James McEwan.

Married: Recently, Miss Moray McKinnon (V.G.H.) to Mr. Oscar Gfroerer.

Married: Recently, Miss Audrey Richardson (Kootenay Lake General Hospital) to Mr. Lawrence Simpson.

Married: Recently, Miss Catherine Isobel Ferguson (Royal Jubilee Hospital) to Dr. Burtt Talmadge Dunham.

Married: Recently, Miss Gladys Malcolm (Royal Inland Hospital, Kamloops) to Serg.-Major Gordon Brown.

Married: Recently, Miss Ella Fast (Royal Jubilee Hospital) to Mr. Wm. Yardley.

MANITOBA

BRANDON:

A recent meeting of the Brandon Graduate Nurses Association was held at the General Hospital. A large attendance was in evidence and a successful year is anticipated. Our guest speaker for the evening was Mrs. Brace, Sister and Camp Mother at Military Camp Shilo, whose address entitled, "Three Cheers for the Women", was most inspiring. A cheque for $20 was given to the Red Cross for the completion of layettes which are needed overseas.

Mrs. T. E. Lane was given a membership in the Association for her valued work during the past year as convener at the Red Cross Headquarters in Brandon. Mrs. Long and Mrs. Cuffe are in charge of the home nursing classes sponsored by the St. John's Ambulance Association. Miss Margaret Gemmell was appointed vice-president to fill the position vacated by Mrs. J. Sills who has left to reside in Neepawa.

An honour roll of graduate nurses is in use here whereby nurses may register for service in case of emergency arising in Prandon, and an encouraging enrolment has already taken place.

NEW BRUNSWICK

ST. STEPHEN:

The members of the St. Stephen branch of the N.B.A.R.N., held a picnic at Miss Clara Boyd's cottage, Oak Bay, in honour of Miss Hazel Darker who has since left for her home in Quebec. Miss Darker was presented with a silver water pitcher by Miss Florence Cunningham, on behalf of the nurses.

The members of the Chipman Memorial Hospital Alumnae Association entertained the graduating classes of 1939 and 1940 at dinner, previous to their graduation. Mrs. Merle Gibson, president of the Alumnae Association, presented the Alumnae Prize to Miss Annie Wanamaker.

The graduating classes were addressed by

Dr. H. S. Everett at the Ganong School, and the diplomas presented by Hon. G. H. I. Cockburn, and the class pins by Miss Reta Follis, superintendent, Chipman Memorial Hospital. An interesting program was arranged at the school and a reception and dance followed.

Miss Jessie Murray, V. O. N., has resigned as public health nurse of St. Stephen and Milltown and has accepted a position as matron of Lonicera Hall.

At the annual meeting of the N.B.A.R.N. held recently in Moncton, Misses Mabel McMullen, Myrtle Dunbar, Nellie Spinney, Nellie Lyons, and Gertrude McCulloch, represented the local chapter. The Registered Nurses held a successful dance for funds to fulfill their pledge to war work.

MONCTON:

The monthly meeting of the Moncton Chapter, N.B.A.R.N., was held at the Moncton Hospital, with the president, Miss Hillyard, in the chair. Miss Hillyard read an interesting report about the annual meeting. The nurses made and donated a box of clothing consisting of sweaters, skirts, etc., to the Red Cross to be shipped for refugee children.

ONTARIO

DISTRICTS 2 AND 3

WALKERTON:

The annual meeting of Districts 2 and 3 R.N.A.O., was held recently in Walkerton, with 120 nurses and guests present. The meeting was conducted in informal picnic style, and the weather was ideal. Dr. J. H. Pilkie, of Hanover, spoke on our responsibility in a changing world. Sympathy was expressed for the victims of air raids in London, and the meeting voted that $75.00 be sent to the Fund for their relief. Although this sum was all we could afford from the treasury, the nurses present did not feel that this was sufficient. Hence the "hat was passed", and $34.68 was collected, making a total of $109.68 to be forwarded.

The following officers were elected to serve during the coming year: Chairman, Miss F. W. Ashplant, Kitchener; first vice-chairman, Miss D. Arnold, Brantford; second vice-chairman, Miss V. Winterholt, Kitchener; private duty, Miss Florence McKenzie; nursing education, Miss J. Watson; public health, Miss M. Hackett; councillors: Misses E. Clark, E. Eby, H. Tregear, L. Trusdale, G. Larmon, Mrs. Young.

Miss Ethel Croft has been transferred from the Kitchener branch to the Brockville branch of the Victorian Order of Nurses. Miss Vera Bruegeman has been admitted to the Kitchener branch after completing her course in public health at the University of Western Ontario.

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District 5

Alliston:

The Fall Meeting of District 5, R.N.A.O., was held recently in Alliston with an approximate attendance of 110. The nurses were welcomed by Miss Campbell, superintendent of nurses, Stevenson Memorial Hospital, and were conducted through the hospital. This institution, I believe, is the best equipped and most up-to-date small hospital on the continent, and the people of Alliston are justly proud of it. The tour ended in the residence where we were served a delicious tea. Supper, a very bounteous one, was served by the Women's Auxiliary of the United Church.

The evening meeting opened with the Invocation pronounced by the Rev. Mr. Dorian, Minister of the United Church. His Worship, Mayor Cunningham, brought greetings from the town. Reports were received from the Sections and Chapters, and from the conveners of the special committee. The membership committee reported that our numbers have now reached 1566, an increase of 100 over last year. As our bank balance is more than it has been for some time, it was decided to buy two War Loan Bonds.

When the R.N.A.O. was organized and the districts formed, the Toronto Chapter of the Graduate Nurses Association of Ontario passed over to District 5, in 1926, the sum of two hundred dollars. As one becomes more closely interested in this professional group, one is constantly impressed with the fact that there were pioneer nurses who built well; who laid sound foundations for this professional organization which our generation may enjoy and serve. It has been thought for some time that we who are active in service might in some way show our gratitude to these nurses, now retired from duty, and to whom, with leisure time, has come the need of new interests. At an executive meeting held in January 1940, a discussion developed following a brief review of the sources of funds in the district treasury, other than from members fees, and reference was made to this group of nurses whose efforts in the beginning helped to make possible the privileges we now enjoy, and who at that time contributed the sum which provided a nucleus to our funds. A number of these nurses are still living within our district and are associating themselves with the Second Mile Club. The executive felt that this might be a means through which we might now be able to do something in tribute to these veteran nurses. It has recently been learned that the formation of a committee of retired nurses is being contemplated with the prospect of doing certain special work which can

better be done by women with nursing experience.

For some years our annual balance showed that this nucleus was gradually becoming less and that this district was not living within its income. However, membership has increased to the present number of 1,566 and we find ourselves to-day with a very satisfactory bank balance. Other nurses have served their generation well; we too would like to carry on and serve our generation well. We, therefore, submit this report to this general meeting with the following recommendation — "That the sum of $200.00 be paid to the Second Mile Club, to be used by the nurses' committee in the promotion of its community service". This recommendation was adopted.

At the conclusion of the business meeting, Mrs. Aitken, Director of Women's Activities of the Canadian National Exhibition, gave a very delightful address, depicting some of her experiences in connection with the workings of this vast organization.

Toronto:

In June 1940, a special committee was organized for local work only, to be known as "The War Activities Committee for Home and Emergency Service". It was given standing in District 5 at its own request. At the time of organization it was thought that its experience could be made available later, if desired elsewhere. The purpose was twofold (a) to zone the area (i.e. Toronto), and to ascertain the number and quality of the nurses; (b) to provide any desired teaching to prepare these nurses for emergency work. Later it was learned that the Ontario Department of Health was collecting the above mentioned information on a province-wide basis. Teaching resolved itself into two subjects which were (a) emergency or first aid nursing care and (b) some preparation to share in air raid work, commonly called "A.R.P."

In July, a series of six one-hour lectures was given by Dr. Harold Couch on practical topics proposed by the nurses such as haemorrhage, burns, transportation of wounded, followed by a demonstration on resuscitation by Mr. Wells McLaughlin. The lecturer was paid $5.00 an hour, each nurse paying fifty cents for the lectures.

Arrangements will be made, if necessary, with a number of instructors in various parts of the city to meet the demand within a short period of time. A first step is being taken in having a group of nurses enrolled in an instructor's course, which is to be given immediately under the St. John's Ambulance Brigade.

Orillia:

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the Alumnae Association of Orillia Soldiers' Memorial Hospital, Orillia:
Honourary presidents, Miss E. Johnston, Miss O. Waterman; president, Mrs. H. H. Burnet; vice-presidents, Mrs. H. Hannaford, Miss Buie; treasurer, Miss L. MacKenzie; secretary, Miss M. Payne; directors: Miss S. Dudenhoffer, Miss M. MacLelland, Miss G. Adams; auditors: Miss M. Payne, Miss G. Adams.

DISTRICT 6

BELLEVILLE:

Miss Muriel Thompson has resigned from the staff of the Belleville Hospital to attend the University of Toronto. Miss Eva Meeks has returned to the Belleville Hospital after completing her post-graduate course in surgery at the Graduate Hospital, Philadelphia. Miss Grace Donnelly is taking a post-graduate course in surgery at the Post-Graduate Hospital, New York. Miss D. Riddell has joined the staff as instructor at the Belleville Hospital.

The Belleville General Hospital Alumnae Association recently held their first meeting of the season with Miss Rita Fitzgerald presiding. Ways and means of making money were discussed and Red Cross work was done while the meeting was in progress.

PETERBOROUGH:

The regular monthly meeting of Chapter C, District 6, R.N.A.O., was held recently at Nicholls Hospital. Mrs. Hill, first vice-president, took charge of the meeting, and Mrs. Leeson brought to the attention of the nurses that they might still enrol for service. At the November meeting, the staff of Nicholls Hospital are to put on a skit entitled "Nurses' Community Registration". Mrs. Hill was asked to fill the office of president left vacant by the acceptance of Mrs. Rundle's resignation. Dr. Chenoweth was the speaker of the evening and his talk on phlebitis and the recent use of Heparin was very instructive. A social hour was much enjoyed.

DISTRICT 8

OTTAWA:

Ottawa Civic Hospital:

Miss Helen Gill (V.G.H.) of the social service department, and Miss Mary L. Luton of the out-patient department, have been appointed Nursing Sisters with the R. C. A. M. C. at Kingston. Miss Dorothy Richardson is stationed at Porter's Island. Misses Bessie Jackson, K. G. McLean, Eileen Bretzlaff, and Dorothy Campbell are attending the School for Graduate Nurses, McGill University.

Married: Recently, Miss Freda Robinson (O.C.H., 1927) to Mr. Melvin Scott.
Married: Recently, Miss Edith Mulligan (O.C.H., 1933) to Mr. Grant Marshall.
Married: Recently, Miss Viola Tugman (O.C.H., 1933) to Mr. Earl Chamberlain.
Married: Recently, Miss Eva Morton (O.C.H., 1935) to Mr. Russell Hicks.
Married: Recently, Miss Mabel Tweed (O.C.H., 1935) to Rev. Robert Turley.
Married: Recently, Miss Grace Alexander (O.C.H., 1936) to Mr. Franklyn Neumann.
Married: Recently, Miss Alberta Gough (O.C.H., 1937) to Mr. Colin M. Thomson.
Married: Recently, Miss Lillian McCormick (O.C.H., 1938) to Mr. Paul Sprinkler.
Married: Recently, Miss Amelia Keyfitz (O.C.H., 1938) to Mr. Max Holtman.

District 9

North Bay:

The sixteenth annual meeting of District 9, R.N.A.O., was held at St. Joseph's Hospital on September 21, with the chairman, Miss Jean Smith, presiding. Members from Sault Ste. Marie, Kirkland Lake, Sudbury, New Liskeard, and Gravenhurst, including Chapter representatives, attended. The Rev. Father Adams gave the Invocation, and greetings were extended by the Mayor of the City. Miss Johnston welcomed the visiting nurses on behalf of the North Bay Chapter. Reports of chapters and sections showed growth and development and the financial affairs of the district are satisfactory. A marked increase of membership was noted; over half the nurses registered in the district are members of the R.N.A.O. The executive committee and delegates were guests of the local chapter for lunch at Lakeview Inn overlooking Lake Nipissing. During the afternoon session, Dr. W. S. Butler addressed the nurses on cancer, the causative agents, preventive measures, and treatments.

The District was privileged to have the president of the R.N.A.O., Miss Jean Church, present at all sessions. In her gracious and inimitable manner she portrayed the highlights of the biennial meeting of the Canadian Nurses Association and, at the dinner meeting, addressed the assembly on the Registered Nurses Association of Ontario, and its relation to the individual nurse. It is to be regretted that distance prevented more of our members from hearing Miss Church's able discourse.

Regret was expressed at the resignation of Miss H. Elizabeth Smith who has given her services to the District Executive so whole-heartedly for the past six years. Following the afternoon session a delicious tea was provided by the Rev. Sisters of St. Joseph. A banquet was held in the evening

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Instructress of Nurses for fifty-five bed Hospital. Duties to commence on November 1, 1940. State experience and salary expected to:

Superintendent of Nurses,
Payzant Memorial Hospital,
Windsor, Nova Scotia.

WANTED

An Instructor of Nursing for the Toronto East General Hospital. Duties to commence on December 1, 1940. Applications stating age, experience, references, and salary expected, should be addressed to:

Superintendent of Nurses,
Toronto East General Hospital,
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when we were entertained by local talent and speakers.

The officers and conveners for the coming year were elected as follows: Chairman, Miss Jean Smith, Gravenhurst; first vice-chairman, Miss Katherine MacKenzie, North Bay; second vice-chairman, Miss Alice McGregor, Sault Ste. Marie; secretary, Miss Rossie Densmore, Sault Ste. Marie; treasurer, Miss Robena Buchanan, Sanitarium, P.O., Ont.; conveners of committees: public health, Miss H. Elizabeth Smith, New Liskeard; membership, Miss Adelaide McKnight, Sanitarium, P.O., Ont.; private duty, Miss Gertrude Johnston, North Bay; nurse education, Miss Aileen Riordan, Sudbury; national enrolment, Miss Sylvia Bird, Gravenhurst; nomination, Miss Mary Delaney, Sault Ste. Marie; *The Canadian Nurse*, Mrs. J. C. McCausland, North Bay.

A cordial invitation was accepted from Sault Ste. Marie where the next annual meeting will be held.

Miss Ruth Taylor, Victorian Order Nurse for several years, and an active member of the North Bay Chapter, leaves shortly for Hamilton to assume new duties. She was the recipient of an illustrated book,

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Can you recommend an all-purpose antiseptic that I can use at home?"

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"Canadian Mosaic", and a pair of lacquered book ends as a token of esteem from the members of the chapter.

QUEBEC

MONTREAL:

Royal Victoria Hospital:

Miss Evelyn Eaton (R.V.H., 1921) is returning to South India after furlough. Miss Ethel Frances Murray (R.V.H., 1921) is serving with the Department of Health, Oakland, California. Miss Ethel Currie (R.V.H., 1921) is in charge of the anaesthetic department in a large Denver hospital. Miss Currie has had two articles on anaesthesia published in the Journal of the American Hospital Association. Miss Marion Jeans (R.V.H., 1932) is with the Civil Nursing Reserve, Westminster Unit, Basingstoke, England. Miss Audrey Lamb (R.V.H., 1932) is in charge of a Canadian Red Cross Outpost at Port Loring, Ont.

Married: Recently, Miss Dorothy Rice (R.V.H., 1936) to Mr. Ian Cameron Hume Storer.

Married: Recently, Miss Catherine Anderson (R.V.H., 1936) to Mr. Eldon Thomas.

Married: Recently, Miss Mary Madeline Bushell (R.V.H., 1931) to Captain Robert Hastwell Montgomery.

Montreal General Hospital:

Miss Barbara Baird (M.G.H., 1939) is doing general duty at Shriner's Hospital, Montreal. Miss A. B. Craig (M.G.H., 1939) has been taken on the staff of the Arvida Hospital, Arvida. Miss Margaret Wheeler (M.G.H., 1940) has accepted a position in the Tamiskaming Hospital, Tamiskaming. Miss Dorothy Barclay (M.G.H., 1940) and Miss Kinnear (M.G.H., 1940) are doing floor duty at the Western Division, M.G.H.

Married: Recently, Miss Margaret Talbot (M.G.H., 1937) to Mr. John C. Newman.

Married: Recently, Miss Dorothy Braithwaite (M.G.H., 1938) to Mr. Charles Motherwell.

St. Mary's Hospital:

The graduating exercises of the School of Nursing of St. Mary's Hospital were held recently when sixteen nurses received their diplomas. The president of the Board of Directors, Mr. J. A. Kennedy, presided. Greetings were brought from the Alumnae Association by the president, Miss E. McGovern. Rev. Father Alex Carter, chaplain of St. Mary's Hospital, was the guest speaker. Musical selections were rendered by the orchestra, St. Mary's choir, and by Miss A. Webb, a student nurse.

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The Alumnae Association recently held their annual dinner and dance in honour of the graduating class. The Hon. Marguerite Shaughnessy, as guest speaker, gave a brief explanation of the origin of the term "King's Wards". She also mentioned that she was particularly interested in St. Mary's Hospital because "she and St. Mary's were born in the same building." At the conclusion of her talk a cheque for $100 was presented to the speaker by Miss Patricia Owens as a donation from the Alumnae Association to the Canadian Red Cross Society.

Married: Recently, Miss Eileen Doyle (S.M.H., 1935) to Mr. Gerald Doyle.

Married: Recently, Miss Stella Witzell (S.M.H., 1937) to Mr. Leo Kennedy.

Married: Recently, Miss June Rich (S.M.H., 1938) to Mr. Lorne Latremoille.

Married: Recently, Miss Geraldine Page (S.M.H., 1939) to Mr. Gerald Lew.

Married: Recently, Miss Florence DeCourville (S.M.H., 1939) to Mr. Hubert St. Julien.

Children's Memorial Hospital:

Miss J. C. Cochrane (C.M.H., 1931) formerly operating room supervisor, has been appointed supervisor of the out-patient department. Miss Marion Robinson (C.M.H., 1933) has been appointed operating room supervisor. Miss Ruth Osborne (C.M.H., 1927) has resigned from the teaching staff to do private duty nursing.

Miss Louise Destromp (C.M.H., 1932) has been appointed surgical teaching supervisor. Miss Ethel Richardson (C.M.H., 1934) has been awarded the C.M.H. Scholarship for the public health course at the School for Graduate Nurses, McGill University. Miss Ruby Tinkiss (C.M.H., 1929) has been granted leave of absence for eight months in order to work with the Council for Overseas Children.

Miss I. B. Stewart (C.M.H., 1927) is doing war work at the Emergency Hospital, Lennox Castle, Lennoxtown, Scotland. Miss Vera Ford (C.M.H., 1928) has accepted a position on the staff of the Cornwall General Hospital.

Married: Recently, Miss Edith Fraser (C.M.H., 1931) to Mr. Ronald Folkins.

Woman's General Hospital:

Miss Claire Morrow (W.G.H., 1931) has returned from Timmins, Ontario, and is on the staff of the Jewish General Hospital. Miss Margaret Saunders (W.G.H., 1931) has a position with the Union Castle Line, sailing from England to various distant ports. Miss Hilda Field (W.G.H., 1932) is home after spending six months in St. Petersburg, Florida. Miss Nancy Keeping (W.G.H., 1935) is a stewardess on the Trans-Canada Air Lines. Miss Rita Burgher (W.G.H., 1931) is on the staff of the Montreal Children's Hospital.

Jeffrey Hale's Hospital:

Miss Ethel Johns was recently the guest of Miss Norena Mackenzie when a tea was given in her honour. Miss R. Christie has resigned from the staff, and has been replaced temporarily by Miss N. Martin as supervisor of the maternity department. Miss Belyea has also resigned from the staff, and has been replaced temporarily by Miss F. Ingraham.

Married: Recently, Miss R. Christie (J.H.H., 1936) to Mr. R. C. Woodard.

Married: Recently, Miss M. Cunningham (J.H.H., 1939) to Lieut. J. Hatch, C.A.S.F.

Married: Recently, Miss Bishop (J.H.H., 1939) to Mr. Bernard Sullivan.

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Three times a day the mail comes in and a queer lot of flotsam and jetsam washes up on our untidy desk . . . Circulars of all shapes and sizes urge us to buy things we either don't want or can't afford . . .and yet we always look them over, just for fun . . . Yesterday the postman brought us a publisher's advance notice of "A Cosmological Phenomena Chart" . . . Right on the front page, in bold black type were the challenging words "You are a Brain Worker" . . . and though we weren't sure about the validity of this statement we didn't let the haunting doubt deter us from further exploration . . . It seems that the Cosmological Phenomena Chart can spot the cosmic phenomenon of your choice in the twinkling of an eye . . . If you are bogged down in your search for the right word, consult the alphabetical annotated index "and your pen will sway with certainty and power, seriously, fearfully, delightfully" . . . This is how our pen ought to sway but seldom does . . . If only we had the Chart there might be no blind groping for a synonym for "problem", a weasel word which crops up at least twice in any paragraph written by a nurse . . . No time would be wasted in looking out of the window at the pigeons, flying in widening circles over the roof tops . . . From now on, the Cosmological Chart would marshal our scattered phenomena with ease and precision . . . There was even a sample page which showed us how it worked . . . The key word was "disorder" and we were surprised to learn that "the related vocabulary is surpassingly rich and exhaustive, four hundred and twenty-five words, to be exact, supplemented by associate lists"... At first this estimate did seem a bit extravagant, but when we recalled our weekly tours of inspection in bedrooms occupied by nurses we were forced to admit it was probably conservative . . . especially if you were rash enough to open the cupboard doors and bureau drawers, or look under the bed... Just as we were getting into a receptive mood, the Cosmological Chart unhappily made an abrupt descent into crass commercialism . . . "Make Order your key word and not Disorder . . . Sign on the dotted line" . . . Our sales resistance stiffened . . . we wandered over to the window, and the announcement fluttered to the floor . . . The pigeons were still in full flight . . . Without any Cosmological Chart to guide them, they were taking cosmic phenomena as they came and weaving them into a pattern of beauty against the sky . . . After all, there were three things that even Solomon could not understand . . . and one of them was the way of a bird in the air . . . That is how we feel about the way of a word in the brain . . . It will not answer your call and no Cosmological Chart can find it for you . . . It is only when you have ceased to search that it is suddenly there . . . almost within your reach . . . quick, elusive, subtle, and alive . . . E.J.

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Numerals indicate office held: (1) *President, Provincial Nurses Association;* (2) *Chairman, Hospital and School of Nursing Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, General Nursing Section.*

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Prince Edward Island: (1) Miss Ina Gillan, 227 Kent St., Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss Ruth Ross, Summerside; (4) Miss Mary Devereau, New Haven.

Quebec: (1) Miss E. Flanagan, Royal Victoria Hospital, Montreal; (2) Miss M. Batson, Montreal General Hospital, Montreal; (3) Mlle A. Martineau, Dept. of Health, City of Montreal; (4) To be appointed.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss May E. Reid, St. Paul's Hospital, Saskatoon; (3) Miss Myrtle E. Pierce, Wolseley; (4) Miss Mary R. Chisholm, 805-7th Ave. N., Saskatoon.

Chairmen, National Sections: Hospital and School of Nursing: Miss B. Anderson, Ottawa Civic Hospital. Public Health: Miss M. Kerr, Eburne, B.C. General Nursing: Miss M. Baker, 249 Victoria St., London. Convener, Committee on Nursing Education: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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Alberta Association of Registered Nurses

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MANITOBA

Manitoba Association of Registered Nurses

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New Brunswick Association of Registered Nurses

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Registered Nurses Association of Nova Scotia

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Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Saskatchewan Registered Nurses Association (Incorporated, 1917)

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NEW BRUNSWICK

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ONTARIO

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A.A., Brockville General Hospital, Brockville

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A.A., St. Joseph's Hospital, Hamilton

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A.A., Kingston General Hospital, Kingston

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